

1-1 By: Price, Faircloth (Senate Sponsor - Nelson) H.B. No. 2578
 1-2 (In the Senate - Received from the House May 14, 2015;
 1-3 May 14, 2015, read first time and referred to Committee on Health
 1-4 and Human Services; May 20, 2015, reported adversely, with
 1-5 favorable Committee Substitute by the following vote: Yeas 9,
 1-6 Nays 0; May 20, 2015, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	X			
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14	X			
1-15	X			
1-16	X			
1-17	X			

1-18 COMMITTEE SUBSTITUTE FOR H.B. No. 2578 By: Kolkhorst

1-19 A BILL TO BE ENTITLED
 1-20 AN ACT

1-21 relating to the efficiency of and consolidation of powers and
 1-22 duties within the health and human services system.

1-23 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-24 ARTICLE 1. CONSOLIDATION OF HEALTH AND HUMAN SERVICES SYSTEM

1-25 SECTION 1.01. (a) Chapter 531, Government Code, is amended
 1-26 by adding Subchapter A-1 to read as follows:

1-27 SUBCHAPTER A-1. CONSOLIDATION OF HEALTH AND HUMAN SERVICES SYSTEM

1-28 Sec. 531.02001. CONSOLIDATION OF HEALTH AND HUMAN SERVICES

1-29 SYSTEM GENERALLY. In accordance with this subchapter, the

1-30 functions of the health and human services system described under

1-31 Sections 531.0201, 531.02011, and 531.02012 are consolidated

1-32 through a phased transfer of those functions under which:

1-33 (1) the initial transfers required under Section

1-34 531.0201 occur:

1-35 (A) on or after the date on which the executive

1-36 commissioner submits the transition plan to the required persons

1-37 under Section 531.0204(e); and

1-38 (B) not later than September 1, 2016;

1-39 (2) the final transfers required under Section

1-40 531.02011 occur:

1-41 (A) on or after September 1, 2016; and

1-42 (B) not later than September 1, 2017; and

1-43 (3) transfers of administrative support services

1-44 functions occur in accordance with Section 531.02012.

1-45 Sec. 531.02002. MEANING OF FUNCTION IN RELATION TO

1-46 TRANSFERS. For purposes of the transfers mandated by this

1-47 subchapter, "function" includes a power, duty, program, or activity

1-48 of a state agency or entity.

1-49 Sec. 531.0201. PHASE ONE: INITIAL TRANSFERS. (a) On the

1-50 dates specified in the transition plan required under Section

1-51 531.0204, the following functions are transferred to the commission

1-52 as provided by this subchapter:

1-53 (1) all functions, including any remaining

1-54 administrative support services functions, of each state agency and

1-55 entity subject to abolition under Section 531.0202(a); and

1-56 (2) except as provided by Section 531.02013, all

1-57 client services of the health and human services system, including

1-58 client services functions performed by the following:

1-59 (A) the state agency and entity subject to

1-60 abolition under Section 531.0202(b);

2-1 (B) the Department of Family and Protective
2-2 Services; and

2-3 (C) the Department of State Health Services.

2-4 (b) On the dates specified in the transition plan required
2-5 under Section 531.0204, all functions in the health and human
2-6 services system related to prevention and early intervention
2-7 services, including the Nurse-Family Partnership Competitive Grant
2-8 Program under Subchapter C, Chapter 265, Family Code, are
2-9 transferred to the Department of Family and Protective Services.

2-10 Sec. 531.02011. PHASE TWO: FINAL TRANSFERS TO COMMISSION.
2-11 On the dates specified in the transition plan required under
2-12 Section 531.0204, the following functions are transferred to the
2-13 commission as provided by this subchapter:

2-14 (1) all functions of each state agency and entity
2-15 subject to abolition under Section 531.0202(b) that remained with
2-16 the agency or entity after the initial transfer of functions under
2-17 Section 531.0201 or a transfer of administrative support services
2-18 functions under Section 531.02012;

2-19 (2) regulatory functions and functions related to
2-20 state-operated institutions of the Department of State Health
2-21 Services; and

2-22 (3) regulatory functions of the Department of Family
2-23 and Protective Services.

2-24 Sec. 531.02012. TRANSFER AND CONSOLIDATION OF
2-25 ADMINISTRATIVE SUPPORT SERVICES FUNCTIONS. (a) In this section,
2-26 "administrative support services" has the meaning assigned under
2-27 Section 531.00553.

2-28 (b) As soon as practicable after the first day of the period
2-29 prescribed by Section 531.02001(1) and not later than the last day
2-30 of the period prescribed by Section 531.02001(2), in accordance
2-31 with and on the dates specified in the transition plan required
2-32 under Section 531.0204, the executive commissioner shall, after
2-33 consulting with affected state agencies and divisions, transfer and
2-34 consolidate within the commission administrative support services
2-35 functions of the health and human services system to the extent
2-36 consolidation of those support services functions is feasible and
2-37 contributes to the effective performance of the system.
2-38 Consolidation of an administrative support services function under
2-39 this section must be conducted in accordance with the principles
2-40 and requirements for organization of administrative support
2-41 services under Section 531.00553(c).

2-42 (c) Consultation with affected state agencies and divisions
2-43 under Subsection (b) must be conducted in a manner that ensures
2-44 client services are, at most, only minimally affected, and must
2-45 result in a memorandum of understanding or other agreement between
2-46 the commission and each affected agency or division that:

2-47 (1) details measurable performance goals that the
2-48 commission is expected to meet;

2-49 (2) identifies a means by which the agency or division
2-50 may seek permission from the executive commissioner to find an
2-51 alternative way to address the needs of the agency or division, as
2-52 appropriate;

2-53 (3) identifies steps to ensure that programs under the
2-54 health and human services system, whether large or small, receive
2-55 administrative support services that are adequate to meet the
2-56 program's needs; and

2-57 (4) if appropriate, specifies that staff responsible
2-58 for providing administrative support services consolidated within
2-59 the commission are located in the area where persons requiring
2-60 those services are located to ensure the staff understands related
2-61 program needs and can respond to those needs in a timely manner.

2-62 Sec. 531.02013. FUNCTIONS REMAINING WITH CERTAIN AGENCIES.
2-63 The following functions are not subject to transfer under Sections
2-64 531.0201 and 531.02011:

2-65 (1) the functions of the Department of Family and
2-66 Protective Services, including the statewide intake of reports and
2-67 other information, related to the following:

2-68 (A) child protective services, including
2-69 services that are required by federal law to be provided by this

3-1 state's child welfare agency;
3-2 (B) adult protective services, other than
3-3 investigations of the alleged abuse, neglect, or exploitation of an
3-4 elderly person or person with a disability:
3-5 (i) in a facility operated, or in a facility
3-6 or by a person licensed, certified, or registered, by a state
3-7 agency; or
3-8 (ii) by a provider that has contracted to
3-9 provide home and community-based services; and
3-10 (C) prevention and early intervention services;
3-11 and
3-12 (2) the public health functions of the Department of
3-13 State Health Services, including health care data collection and
3-14 maintenance of the Texas Health Care Information Collection
3-15 program.
3-16 Sec. 531.02014. RELATED TRANSFERS; EFFECT OF
3-17 CONSOLIDATION. (a) All of the following that relate to a function
3-18 that is transferred under Section 531.0201, 531.02011, or 531.02012
3-19 are transferred to the commission or the Department of Family and
3-20 Protective Services, as applicable, on the date the related
3-21 function is transferred as specified in the transition plan
3-22 required under Section 531.0204:
3-23 (1) all obligations and contracts, including
3-24 obligations and contracts related to a grant program;
3-25 (2) all property and records in the custody of the
3-26 state agency or entity from which the function is transferred;
3-27 (3) all funds appropriated by the legislature and
3-28 other money; and
3-29 (4) all complaints, investigations, or contested
3-30 cases that are pending before the state agency or entity from which
3-31 the function is transferred or a governing person or entity of the
3-32 state agency or entity, without change in status.
3-33 (b) A rule, policy, or form adopted by or on behalf of a
3-34 state agency or entity from which functions are transferred under
3-35 Section 531.0201, 531.02011, or 531.02012 that relates to a
3-36 function that is transferred under one of those sections becomes a
3-37 rule, policy, or form of the receiving state agency upon transfer of
3-38 the related function and remains in effect:
3-39 (1) until altered by the commission or other receiving
3-40 state agency, as applicable; or
3-41 (2) unless it conflicts with a rule, policy, or form of
3-42 the receiving state agency.
3-43 (c) A license, permit, or certification in effect that was
3-44 issued by a state agency or entity from which functions are
3-45 transferred under Section 531.0201 or 531.02011 that relates to a
3-46 function that is transferred under either of those sections is
3-47 continued in effect as a license, permit, or certification of the
3-48 commission upon transfer of the related function until the license,
3-49 permit, or certification expires, is suspended or revoked, or
3-50 otherwise becomes invalid.
3-51 Sec. 531.0202. ABOLITION OF STATE AGENCIES AND ENTITIES;
3-52 EFFECT OF TRANSFERS. (a) Each of the following state agencies and
3-53 entities is abolished on a date that is within the period prescribed
3-54 by Section 531.02001(1), that is specified in the transition plan
3-55 required under Section 531.0204 for the abolition of the agency or
3-56 entity, and that occurs after all of the agency's or entity's
3-57 functions have been transferred in accordance with Section
3-58 531.0201:
3-59 (1) the Department of Assistive and Rehabilitative
3-60 Services;
3-61 (2) the Health and Human Services Council;
3-62 (3) the Aging and Disability Services Council;
3-63 (4) the Assistive and Rehabilitative Services
3-64 Council;
3-65 (5) the Family and Protective Services Council;
3-66 (6) the State Health Services Council; and
3-67 (7) the Texas Council on Autism and Pervasive
3-68 Developmental Disorders.
3-69 (b) The following state agency and entity are abolished on a

4-1 date that is within the period prescribed by Section 531.02001(2),
4-2 that is specified in the transition plan required under Section
4-3 531.0204 for the abolition of the state agency or entity, and that
4-4 occurs after all of the state agency's or entity's functions have
4-5 been transferred to the commission in accordance with Sections
4-6 531.0201 and 531.02011:

4-7 (1) the Department of Aging and Disability Services;
4-8 and

4-9 (2) the Office for the Prevention of Developmental
4-10 Disabilities.

4-11 (c) The abolition of a state agency or entity listed in
4-12 Subsection (a) or (b) and the transfer of its functions and related
4-13 obligations, rights, contracts, records, property, and funds as
4-14 provided by this subchapter and the transfer of functions and
4-15 related obligations, rights, contracts, records, property, and
4-16 funds to or from the Department of Family and Protective Services
4-17 and from the Department of State Health Services as provided by this
4-18 subchapter do not affect or impair an act done, any obligation,
4-19 right, order, permit, certificate, rule, criterion, standard, or
4-20 requirement existing, or any penalty accrued under former law, and
4-21 that law remains in effect for any action concerning those matters.

4-22 Sec. 531.0203. HEALTH AND HUMAN SERVICES TRANSITION
4-23 LEGISLATIVE OVERSIGHT COMMITTEE. (a) In this section,
4-24 "committee" means the Health and Human Services Transition
4-25 Legislative Oversight Committee established under this section.

4-26 (b) The Health and Human Services Transition Legislative
4-27 Oversight Committee is created to facilitate the transfer of
4-28 functions under Sections 531.0201, 531.02011, and 531.02012 with
4-29 minimal negative effect on the delivery of services to which those
4-30 functions relate.

4-31 (c) The committee is composed of 11 voting members, as
4-32 follows:

4-33 (1) four members of the senate, appointed by the
4-34 lieutenant governor;

4-35 (2) four members of the house of representatives,
4-36 appointed by the speaker of the house of representatives; and

4-37 (3) three members of the public, appointed by the
4-38 governor.

4-39 (d) The executive commissioner serves as an ex officio,
4-40 nonvoting member of the committee.

4-41 (e) A member of the committee serves at the pleasure of the
4-42 appointing official.

4-43 (f) The lieutenant governor and the speaker of the house of
4-44 representatives shall each designate a presiding co-chair from
4-45 among their respective appointments.

4-46 (g) A member of the committee may not receive compensation
4-47 for serving on the committee but is entitled to reimbursement for
4-48 travel expenses incurred by the member while conducting the
4-49 business of the committee as provided by the General Appropriations
4-50 Act.

4-51 (h) The committee shall:

4-52 (1) facilitate the transfer of functions under
4-53 Sections 531.0201, 531.02011, and 531.02012 with minimal negative
4-54 effect on the delivery of services to which those functions relate;

4-55 (2) with assistance from the commission and the state
4-56 agencies and entities from which functions are transferred under
4-57 Sections 531.0201, 531.02011, and 531.02012, advise the executive
4-58 commissioner concerning:

4-59 (A) the functions to be transferred under this
4-60 subchapter and the funds and obligations that are related to the
4-61 functions;

4-62 (B) the transfer of the functions and related
4-63 records, property, funds, and obligations by the state agencies and
4-64 entities as provided by this subchapter; and

4-65 (C) the reorganization of the commission's
4-66 administrative structure in accordance with this subchapter,
4-67 Sections 531.0055, 531.00553, 531.00561, 531.00562, and 531.008,
4-68 and other provisions enacted by the 84th Legislature that become
4-69 law; and

5-1 (3) meet:

5-2 (A) during the period between the establishment
 5-3 of the committee and September 1, 2017, at least quarterly at the
 5-4 call of either chair, in addition to meeting at other times as
 5-5 determined appropriate by either chair;

5-6 (B) during the period between September 2, 2017,
 5-7 and December 31, 2019, at least semiannually at the call of either
 5-8 chair, in addition to meeting at other times as determined
 5-9 appropriate by either chair; and

5-10 (C) during the period between January 1, 2020,
 5-11 and August 31, 2023, at least annually at the call of either chair,
 5-12 in addition to meeting at other times as determined appropriate by
 5-13 either chair.

5-14 (i) Chapter 551 applies to the committee.

5-15 (j) The committee shall submit a report to the governor,
 5-16 lieutenant governor, speaker of the house of representatives, and
 5-17 legislature not later than December 1 of each even-numbered year.
 5-18 The report must include an update on the progress of and issues
 5-19 related to:

5-20 (1) the transfer of functions under Sections 531.0201,
 5-21 531.02011, and 531.02012 to the commission and the Department of
 5-22 Family and Protective Services, including the need for any
 5-23 additional statutory changes required to complete the transfer of
 5-24 prevention and early intervention services functions to the
 5-25 department in accordance with this subchapter; and

5-26 (2) the reorganization of the commission's
 5-27 administrative structure in accordance with this subchapter,
 5-28 Sections 531.0055, 531.00553, 531.00561, 531.00562, and 531.008,
 5-29 and other provisions enacted by the 84th Legislature that become
 5-30 law.

5-31 (k) The committee is abolished September 1, 2023.

5-32 Sec. 531.02031. STUDY ON CONTINUING NEED FOR CERTAIN STATE
 5-33 AGENCIES. (a) Not later than September 1, 2018, the executive
 5-34 commissioner shall conduct a study and submit a report and
 5-35 recommendation to the Health and Human Services Transition
 5-36 Legislative Oversight Committee regarding the need to continue the
 5-37 Department of Family and Protective Services and the Department of
 5-38 State Health Services as state agencies separate from the
 5-39 commission.

5-40 (b) Not later than December 1, 2018, the Health and Human
 5-41 Services Transition Legislative Oversight Committee shall review
 5-42 the report and recommendation submitted under Subsection (a) and
 5-43 submit a report and recommendation to the legislature regarding the
 5-44 need to continue the Department of Family and Protective Services
 5-45 and the Department of State Health Services as state agencies
 5-46 separate from the commission.

5-47 (c) The Health and Human Services Transition Legislative
 5-48 Oversight Committee shall include the following in the report
 5-49 submitted to the legislature under Subsection (b):

5-50 (1) an evaluation of the transfer of prevention and
 5-51 early intervention services functions to the Department of Family
 5-52 and Protective Services as provided by this subchapter, including
 5-53 an evaluation of:

5-54 (A) any increased coordination and efficiency in
 5-55 the operation of the programs achieved as a result of the transfer;

5-56 (B) the department's coordination with other
 5-57 state agency programs providing similar prevention and early
 5-58 intervention services; and

5-59 (C) the department's interaction with
 5-60 stakeholders and other interested parties in performing the
 5-61 department's functions; and

5-62 (2) any recommendations concerning the transfer of
 5-63 prevention and early intervention services functions of the
 5-64 department to another state agency.

5-65 Sec. 531.0204. TRANSITION PLAN FOR IMPLEMENTATION OF
 5-66 CONSOLIDATION. (a) The transfers of functions under Sections
 5-67 531.0201, 531.02011, and 531.02012 must be accomplished in
 5-68 accordance with a transition plan developed by the executive
 5-69 commissioner that ensures that the transfers and provision of

6-1 health and human services in this state are accomplished in a
6-2 careful and deliberative manner. The transition plan must:

6-3 (1) include an outline of the commission's reorganized
6-4 structure, including its divisions, in accordance with this
6-5 subchapter, Sections 531.00561, 531.00562, and 531.008, and other
6-6 provisions enacted by the 84th Legislature that become law;

6-7 (2) include details regarding movement of functions
6-8 and a timeline that, subject to the periods prescribed by Section
6-9 531.02001, specifies the dates on which:

6-10 (A) the transfers under Sections 531.0201,
6-11 531.02011, and 531.02012 are to be made;

6-12 (B) each state agency or entity subject to
6-13 abolition under Section 531.0202 is abolished; and

6-14 (C) each division of the commission is created
6-15 and the division's director is appointed;

6-16 (3) for purposes of Sections 531.0201, 531.02011, and
6-17 531.02013, define:

6-18 (A) client services functions;

6-19 (B) regulatory functions;

6-20 (C) public health functions; and

6-21 (D) functions related to:

6-22 (i) state-operated institutions;

6-23 (ii) child protective services;

6-24 (iii) adult protective services; and

6-25 (iv) prevention and early intervention
6-26 services; and

6-27 (4) include an evaluation and determination of the
6-28 feasibility and potential effectiveness of consolidating
6-29 administrative support services into the commission in accordance
6-30 with Section 531.02012, including a report of:

6-31 (A) the specific support services that will be
6-32 consolidated within the commission;

6-33 (B) a timeline that details when specific support
6-34 services will be consolidated, including a description of the
6-35 support services that will transfer by the last day of each period
6-36 prescribed by Section 531.02001; and

6-37 (C) measures the commission will take to ensure
6-38 information resources and contracting support services continue to
6-39 operate properly across the health and human services system under
6-40 any consolidation of administrative support services.

6-41 (b) In defining the transferred functions under Subsection
6-42 (a)(3), the executive commissioner shall ensure that:

6-43 (1) not later than the last day of the period
6-44 prescribed by Section 531.02001(1), all functions of a state agency
6-45 or entity subject to abolition under Section 531.0202(a) are
6-46 transferred to the commission or the Department of Family and
6-47 Protective Services, as applicable;

6-48 (2) the transferred prevention and early intervention
6-49 services functions to the Department of Family and Protective
6-50 Services include:

6-51 (A) prevention and early intervention services
6-52 as defined under Section 265.001, Family Code; and

6-53 (B) programs that:

6-54 (i) provide parent education;

6-55 (ii) promote healthier parent-child
6-56 relationships; or

6-57 (iii) prevent family violence; and

6-58 (3) not later than the last day of the period
6-59 prescribed by Section 531.02001(2), all functions of the state
6-60 agency and entity subject to abolition under Section 531.0202(b)
6-61 are transferred to the commission.

6-62 (c) In developing the transition plan, the executive
6-63 commissioner shall, before submitting the plan to the Health and
6-64 Human Services Transition Legislative Oversight Committee, the
6-65 governor, and the Legislative Budget Board as required by
6-66 Subsection (e):

6-67 (1) hold public hearings in various geographic areas
6-68 in this state regarding the plan; and

6-69 (2) solicit and consider input from appropriate

7-1 stakeholders.

7-2 (d) Within the periods prescribed by Section 531.02001:

7-3 (1) the commission shall begin administering the
7-4 respective functions assigned to the commission under Sections
7-5 531.0201 and 531.02011, as applicable; and

7-6 (2) the Department of Family and Protective Services
7-7 shall begin administering the functions assigned to the department
7-8 under Section 531.0201.

7-9 (d-1) The assumption of the administration of the functions
7-10 transferred to the commission and the Department of Family and
7-11 Protective Services under Sections 531.0201 and 531.02011, as
7-12 applicable, must be accomplished in accordance with the transition
7-13 plan.

7-14 (e) The executive commissioner shall submit the transition
7-15 plan to the Health and Human Services Transition Legislative
7-16 Oversight Committee, the governor, and the Legislative Budget Board
7-17 not later than March 1, 2016. The Health and Human Services
7-18 Transition Legislative Oversight Committee shall comment on and
7-19 make recommendations to the executive commissioner regarding any
7-20 concerns or adjustments to the transition plan the committee
7-21 determines appropriate. The executive commissioner may not
7-22 finalize the transition plan until the executive commissioner has
7-23 reviewed and considered the comments and recommendations of the
7-24 committee regarding the transition plan.

7-25 (f) The executive commissioner shall publish in the Texas
7-26 Register:

7-27 (1) the transition plan developed under this section;

7-28 (2) any adjustments to the transition plan recommended
7-29 by the Health and Human Services Transition Legislative Oversight
7-30 Committee;

7-31 (3) a statement regarding whether the executive
7-32 commissioner adopted or otherwise incorporated the recommended
7-33 adjustments; and

7-34 (4) if the executive commissioner did not adopt a
7-35 recommended adjustment, the justification for not adopting the
7-36 adjustment.

7-37 Sec. 531.02041. REQUIRED REPORTS AFTER TRANSITION PLAN
7-38 SUBMISSION. If, at any time after the executive commissioner
7-39 submits the transition plan in accordance with Section 531.0204(e),
7-40 the executive commissioner proposes to make a substantial
7-41 organizational change to the health and human services system that
7-42 was not included in the transition plan, the executive commissioner
7-43 shall, before implementing the proposed change, submit a report
7-44 detailing the proposed change to the Health and Human Services
7-45 Transition Legislative Oversight Committee.

7-46 Sec. 531.0205. APPLICABILITY OF FORMER LAW. An action
7-47 brought or proceeding commenced before the date of a transfer
7-48 prescribed by this subchapter in accordance with the transition
7-49 plan required under Section 531.0204, including a contested case or
7-50 a remand of an action or proceeding by a reviewing court, is
7-51 governed by the laws and rules applicable to the action or
7-52 proceeding before the transfer.

7-53 Sec. 531.0206. LIMITED-SCOPE SUNSET REVIEW. (a) The
7-54 Sunset Advisory Commission shall conduct a limited-scope review of
7-55 the commission during the state fiscal biennium ending August 31,
7-56 2023, in the manner provided by Chapter 325 (Texas Sunset Act). The
7-57 review must provide:

7-58 (1) an update on the commission's progress with
7-59 respect to the consolidation of the health and human services
7-60 system mandated by this subchapter, including the commission's
7-61 compliance with the transition plan required under Section
7-62 531.0204;

7-63 (2) an evaluation and recommendations regarding the
7-64 need to continue the Department of Family and Protective Services
7-65 and the Department of State Health Services as state agencies
7-66 separate from the commission; and

7-67 (3) any additional information the Sunset Advisory
7-68 Commission determines appropriate, including information regarding
7-69 any additional organizational changes the Sunset Advisory

8-1 Commission recommends.
8-2 (b) The commission is not abolished solely because the
8-3 commission is not explicitly continued following the review
8-4 required by this section.

8-5 Sec. 531.0207. EXPIRATION OF SUBCHAPTER. This subchapter
8-6 expires September 1, 2023.

8-7 (b) Not later than October 1, 2015:
8-8 (1) the lieutenant governor, the speaker of the house
8-9 of representatives, and the governor shall make the appointments to
8-10 the Health and Human Services Transition Legislative Oversight
8-11 Committee as required by Section 531.0203(c), Government Code, as
8-12 added by this article; and

8-13 (2) the lieutenant governor and the speaker of the
8-14 house of representatives shall each designate a presiding co-chair
8-15 of the Health and Human Services Transition Legislative Oversight
8-16 Committee in accordance with Section 531.0203(f), Government Code,
8-17 as added by this article.

8-18 (c) As soon as appropriate under the consolidation under
8-19 Subchapter A-1, Chapter 531, Government Code, as added by this
8-20 article, and in a manner that minimizes disruption of services, the
8-21 Health and Human Services Commission shall take appropriate action
8-22 to be designated as the state agency responsible under federal law
8-23 for any state or federal program that is transferred to the
8-24 commission in accordance with that subchapter and for which federal
8-25 law requires the designation of a responsible state agency.

8-26 (d) Notwithstanding Section 531.0201, 531.02011, or
8-27 531.02012, Government Code, as added by this article, a power,
8-28 duty, program, function, or activity of the Department of Assistive
8-29 and Rehabilitative Services may not be transferred to the Health
8-30 and Human Services Commission under that section if:

8-31 (1) H.B. No. 3294 or S.B. No. 208, 84th Legislature,
8-32 Regular Session, 2015, or similar legislation of the 84th
8-33 Legislature, Regular Session, 2015, is enacted, becomes law, and
8-34 provides for the transfer of the power, duty, program, function, or
8-35 activity to the Texas Workforce Commission subject to receipt of
8-36 any necessary federal approval or other authorization for the
8-37 transfer to occur; and

8-38 (2) the Department of Assistive and Rehabilitative
8-39 Services or the Texas Workforce Commission receives the necessary
8-40 federal approval or other authorization to enable the transfer to
8-41 occur not later than September 1, 2016.

8-42 (e) If neither the Department of Assistive and
8-43 Rehabilitative Services nor the Texas Workforce Commission
8-44 receives the federal approval or other authorization described by
8-45 Subsection (d) of this section to enable the transfer of the power,
8-46 duty, program, function, or activity to the Texas Workforce
8-47 Commission to occur not later than September 1, 2016, as provided by
8-48 the legislation described by Subsection (d) of this section, the
8-49 power, duty, program, function, or activity of the Department of
8-50 Assistive and Rehabilitative Services transfers to the Health and
8-51 Human Services Commission in accordance with Section 531.0201,
8-52 Government Code, as added by this article, and the transition plan
8-53 required under Section 531.0204, Government Code, as added by this
8-54 article.

8-55 SECTION 1.02. Subchapter A, Chapter 531, Government Code,
8-56 is amended by adding Sections 531.0011 and 531.0012 to read as
8-57 follows:

8-58 Sec. 531.0011. REFERENCES IN LAW MEANING COMMISSION OR
8-59 APPROPRIATE DIVISION. (a) In this code or in any other law, a
8-60 reference to any of the following state agencies or entities in
8-61 relation to a function transferred to the commission under Section
8-62 531.0201, 531.02011, or 531.02012, as applicable, means the
8-63 commission or the division of the commission performing the
8-64 function previously performed by the state agency or entity before
8-65 the transfer, as appropriate:

- 8-66 (1) health and human services agency;
- 8-67 (2) the Department of State Health Services;
- 8-68 (3) the Department of Aging and Disability Services;
- 8-69 (4) the Department of Family and Protective Services;

9-1 or
 9-2 (5) the Department of Assistive and Rehabilitative
 9-3 Services.
 9-4 (b) In this code or in any other law and notwithstanding any
 9-5 other law, a reference to any of the following state agencies or
 9-6 entities in relation to a function transferred to the commission
 9-7 under Section 531.0201, 531.02011, or 531.02012, as applicable,
 9-8 from the state agency that assumed the relevant function in
 9-9 accordance with Chapter 198 (H.B. 2292), Acts of the 78th
 9-10 Legislature, Regular Session, 2003, means the commission or the
 9-11 division of the commission performing the function previously
 9-12 performed by the agency that assumed the function before the
 9-13 transfer, as appropriate:
 9-14 (1) the Texas Department on Aging;
 9-15 (2) the Texas Commission on Alcohol and Drug Abuse;
 9-16 (3) the Texas Commission for the Blind;
 9-17 (4) the Texas Commission for the Deaf and Hard of
 9-18 Hearing;
 9-19 (5) the Texas Department of Health;
 9-20 (6) the Texas Department of Human Services;
 9-21 (7) the Texas Department of Mental Health and Mental
 9-22 Retardation;
 9-23 (8) the Texas Rehabilitation Commission;
 9-24 (9) the Texas Health Care Information Council; or
 9-25 (10) the Interagency Council on Early Childhood
 9-26 Intervention.
 9-27 (c) In this code or in any other law and notwithstanding any
 9-28 other law, a reference to the Department of Protective and
 9-29 Regulatory Services in relation to a function transferred under
 9-30 Section 531.0201, 531.02011, or 531.02012, as applicable, from the
 9-31 Department of Family and Protective Services means the commission
 9-32 or the division of the commission performing the function
 9-33 previously performed by the Department of Family and Protective
 9-34 Services before the transfer.
 9-35 (d) This section applies notwithstanding Section
 9-36 531.001(4).
 9-37 Sec. 531.0012. REFERENCES IN LAW MEANING EXECUTIVE
 9-38 COMMISSIONER OR DESIGNEE. (a) In this code or in any other law, a
 9-39 reference to any of the following persons in relation to a function
 9-40 transferred to the commission under Section 531.0201, 531.02011, or
 9-41 531.02012, as applicable, means the executive commissioner, the
 9-42 executive commissioner's designee, or the director of the division
 9-43 of the commission performing the function previously performed by
 9-44 the state agency from which it was transferred and that the person
 9-45 represented, as appropriate:
 9-46 (1) the commissioner of aging and disability services;
 9-47 (2) the commissioner of assistive and rehabilitative
 9-48 services;
 9-49 (3) the commissioner of state health services; or
 9-50 (4) the commissioner of the Department of Family and
 9-51 Protective Services.
 9-52 (b) In this code or in any other law and notwithstanding any
 9-53 other law, a reference to any of the following persons or entities
 9-54 in relation to a function transferred to the commission under
 9-55 Section 531.0201, 531.02011, or 531.02012, as applicable, from the
 9-56 state agency that assumed or continued to perform the function in
 9-57 accordance with Chapter 198 (H.B. 2292), Acts of the 78th
 9-58 Legislature, Regular Session, 2003, means the executive
 9-59 commissioner or the director of the division of the commission
 9-60 performing the function performed before the enactment of Chapter
 9-61 198 (H.B. 2292) by the state agency that was abolished or renamed by
 9-62 Chapter 198 (H.B. 2292) and that the person or entity represented:
 9-63 (1) an executive director or other chief
 9-64 administrative officer of a state agency listed in Section
 9-65 531.0011(b) or of the Department of Protective and Regulatory
 9-66 Services; or
 9-67 (2) the governing body of a state agency listed in
 9-68 Section 531.0011(b) or of the Department of Protective and
 9-69 Regulatory Services.

10-1 (c) A reference to any of the following councils means the
 10-2 executive commissioner or the executive commissioner's designee,
 10-3 as appropriate, and a function of any of the following councils is a
 10-4 function of that appropriate person:
 10-5 (1) the Health and Human Services Council;
 10-6 (2) the Aging and Disability Services Council;
 10-7 (3) the Assistive and Rehabilitative Services
 10-8 Council;
 10-9 (4) the Family and Protective Services Council; or
 10-10 (5) the State Health Services Council.
 10-11 SECTION 1.03. (a) Subchapter A, Chapter 531, Government
 10-12 Code, is amended by adding Section 531.0051 to read as follows:
 10-13 Sec. 531.0051. HEALTH AND HUMAN SERVICES COMMISSION
 10-14 EXECUTIVE COUNCIL. (a) The Health and Human Services Commission
 10-15 Executive Council is established to receive public input and advise
 10-16 the executive commissioner regarding the operation of the
 10-17 commission. The council shall seek and receive public comment on:
 10-18 (1) proposed rules;
 10-19 (2) recommendations of advisory committees;
 10-20 (3) legislative appropriations requests or other
 10-21 documents related to the appropriations process;
 10-22 (4) the operation of health and human services
 10-23 programs; and
 10-24 (5) other items the executive commissioner determines
 10-25 appropriate.
 10-26 (b) The council does not have authority to make
 10-27 administrative or policy decisions.
 10-28 (c) The council is composed of:
 10-29 (1) the executive commissioner;
 10-30 (2) the director of each division established by the
 10-31 executive commissioner under Section 531.008(c);
 10-32 (3) the commissioner of a health and human services
 10-33 agency; and
 10-34 (4) other individuals appointed by the executive
 10-35 commissioner as the executive commissioner determines necessary.
 10-36 (c-1) To the extent the executive commissioner appoints
 10-37 members to the council under Subsection (c)(4), the executive
 10-38 commissioner shall make every effort to ensure that those
 10-39 appointments result in a council membership that includes:
 10-40 (1) a balanced representation of a broad range of
 10-41 health and human services industry and consumer interests; and
 10-42 (2) representation from broad geographic regions of
 10-43 this state.
 10-44 (d) The executive commissioner serves as the chair of the
 10-45 council and shall adopt rules for the operation of the council.
 10-46 (e) Members of the council appointed under Subsection
 10-47 (c)(4):
 10-48 (1) are subject to any restrictions applicable to
 10-49 service on the council provided by law; and
 10-50 (2) serve at the pleasure of the executive
 10-51 commissioner.
 10-52 (f) The council shall meet at the call of the executive
 10-53 commissioner at least quarterly. The executive commissioner may
 10-54 call additional meetings as the executive commissioner determines
 10-55 necessary.
 10-56 (g) The council shall give public notice of the date, time,
 10-57 and place of each meeting held by the council. A live video
 10-58 transmission of each meeting must be publicly available through the
 10-59 Internet.
 10-60 (h) A majority of the members of the council constitute a
 10-61 quorum for the transaction of business.
 10-62 (i) A council member appointed under Subsection (c)(4) may
 10-63 not receive compensation for service as a member of the council but
 10-64 is entitled to reimbursement for travel expenses incurred by the
 10-65 member while conducting the business of the council as provided by
 10-66 the General Appropriations Act.
 10-67 (j) The executive commissioner shall develop and implement
 10-68 policies that provide the public with a reasonable opportunity to
 10-69 appear before the council and to speak on any issue under the

11-1 jurisdiction of the commission.

11-2 (k) A meeting of individual members of the council that
 11-3 occurs in the ordinary course of commission operation is not a
 11-4 meeting of the council, and the requirements of Subsection (g) do
 11-5 not apply.

11-6 (l) This section does not limit the authority of the
 11-7 executive commissioner to establish additional advisory committees
 11-8 or councils.

11-9 (m) Chapters 551 and 2110 do not apply to the council.

11-10 (b) As soon as possible after the executive commissioner of
 11-11 the Health and Human Services Commission appoints division
 11-12 directors in accordance with Section 531.00561, Government Code, as
 11-13 added by this article, the Health and Human Services Commission
 11-14 Executive Council established under Section 531.0051, Government
 11-15 Code, as added by this article, shall begin operation.

11-16 SECTION 1.04. The heading to Section 531.0055, Government
 11-17 Code, is amended to read as follows:

11-18 Sec. 531.0055. EXECUTIVE COMMISSIONER: GENERAL
 11-19 RESPONSIBILITY FOR HEALTH AND HUMAN SERVICES SYSTEM ~~[AGENCIES]~~.

11-20 SECTION 1.05. Section 531.0055, Government Code, is amended
 11-21 by amending Subsection (b), as amended by S.B. No. 219, Acts of the
 11-22 84th Legislature, Regular Session, 2015, and amending Subsections
 11-23 (d), (e), (f), (g), (h), (k), and (l) to read as follows:

11-24 (b) The commission shall:

11-25 (1) supervise the administration and operation of
 11-26 Medicaid, including the administration and operation of the
 11-27 Medicaid managed care system in accordance with Section 531.021;

11-28 (2) perform information systems planning and
 11-29 management for the health and human services system ~~[agencies]~~
 11-30 under Section 531.0273, with:

11-31 (A) the provision of information technology
 11-32 services for the ~~[at]~~ health and human services system ~~[agencies]~~
 11-33 considered to be a centralized administrative support service
 11-34 either performed by commission personnel or performed under a
 11-35 contract with the commission; and

11-36 (B) an emphasis on research and implementation on
 11-37 a demonstration or pilot basis of appropriate and efficient uses of
 11-38 new and existing technology to improve the operation of the health
 11-39 and human services system ~~[agencies]~~ and delivery of health and
 11-40 human services;

11-41 (3) monitor and ensure the effective use of all
 11-42 federal funds received for the ~~[by a]~~ health and human services
 11-43 system ~~[agency]~~ in accordance with Section 531.028 and the General
 11-44 Appropriations Act;

11-45 (4) implement Texas Integrated Enrollment Services as
 11-46 required by Subchapter F, except that notwithstanding Subchapter F,
 11-47 determining eligibility for benefits under the following programs
 11-48 is the responsibility of and must be centralized by the commission:

11-49 (A) the child health plan program;

11-50 (B) the financial assistance program under
 11-51 Chapter 31, Human Resources Code;

11-52 (C) Medicaid;

11-53 (D) the supplemental nutrition assistance
 11-54 program under Chapter 33, Human Resources Code;

11-55 (E) long-term care services, as defined by
 11-56 Section 22.0011, Human Resources Code;

11-57 (F) community-based support services identified
 11-58 or provided in accordance with Section 531.02481; and

11-59 (G) other health and human services programs, as
 11-60 appropriate; and

11-61 (5) implement programs intended to prevent family
 11-62 violence and provide services to victims of family violence.

11-63 (d) After implementation of the commission's duties under
 11-64 Subsections (b) and (c), the commission shall implement the powers
 11-65 and duties given to the commission under Section 531.0248. Nothing
 11-66 in the priorities established by this section is intended to limit
 11-67 the authority of the commission to work simultaneously to achieve
 11-68 the multiple tasks assigned to the commission in this section, when
 11-69 such an approach is beneficial in the judgment of the commission.

12-1 The commission shall plan and implement an efficient and effective
 12-2 centralized system of administrative support services for the
 12-3 health and human services system in accordance with Section
 12-4 531.00553 [agencies]. [~~The performance of administrative support~~
 12-5 ~~services for health and human services agencies is the~~
 12-6 ~~responsibility of the commission. The term "administrative support~~
 12-7 ~~services" includes, but is not limited to, strategic planning and~~
 12-8 ~~evaluation, audit, legal, human resources, information resources,~~
 12-9 ~~purchasing, contract management, financial management, and~~
 12-10 ~~accounting services.]~~

12-11 (e) Notwithstanding any other law, the executive
 12-12 commissioner shall adopt rules and policies for the operation of
 12-13 and provision of health and human services by the health and human
 12-14 services system [~~agencies~~]. In addition, the executive
 12-15 commissioner, as necessary to perform the functions described by
 12-16 Subsections (b), (c), and (d) and Section 531.00553 in
 12-17 implementation of applicable policies established for a health and
 12-18 human services system [an] agency or division, as applicable, by
 12-19 the executive commissioner, shall:

12-20 (1) manage and direct the operations of each [~~health~~
 12-21 ~~and human services] agency or division, as applicable;~~

12-22 (2) supervise and direct the activities of each agency
 12-23 or division director, as applicable; and

12-24 (3) be responsible for the administrative supervision
 12-25 of the internal audit program for the [~~all~~] health and human
 12-26 services system agencies, including:

12-27 (A) selecting the director of internal audit;

12-28 (B) ensuring that the director of internal audit
 12-29 reports directly to the executive commissioner; and

12-30 (C) ensuring the independence of the internal
 12-31 audit function.

12-32 (f) The operational authority and responsibility of the
 12-33 executive commissioner for purposes of Subsection (e) for [~~at~~] each
 12-34 health and human services system agency or division, as applicable,
 12-35 includes authority over and responsibility for the:

12-36 (1) management of the daily operations of the agency
 12-37 or division, including the organization and management of the
 12-38 agency or division and its [agency] operating procedures;

12-39 (2) allocation of resources within the agency or
 12-40 division, including use of federal funds received by the agency or
 12-41 division;

12-42 (3) personnel and employment policies;

12-43 (4) contracting, purchasing, and related policies,
 12-44 subject to this chapter and other laws relating to contracting and
 12-45 purchasing by a state agency;

12-46 (5) information resources systems used by the agency
 12-47 or division;

12-48 (6) location of [~~agency~~] facilities; and

12-49 (7) coordination of agency or division activities with
 12-50 activities of other components of the health and human services
 12-51 system and state agencies[, including other health and human
 12-52 services agencies].

12-53 (g) Notwithstanding any other law, the operational
 12-54 authority and responsibility of the executive commissioner for
 12-55 purposes of Subsection (e) for [~~at~~] each health and human services
 12-56 system agency or division, as applicable, includes the authority
 12-57 and responsibility to adopt or approve, subject to applicable
 12-58 limitations, any rate of payment or similar provision required by
 12-59 law to be adopted or approved by a health and human services system
 12-60 [~~the~~] agency.

12-61 (h) For each health and human services system agency and
 12-62 division, as applicable, the executive commissioner shall
 12-63 implement a program to evaluate and supervise [~~the~~] daily
 12-64 operations [~~of the agency~~]. The program must include measurable
 12-65 performance objectives for each agency or division director and
 12-66 adequate reporting requirements to permit the executive
 12-67 commissioner to perform the duties assigned to the executive
 12-68 commissioner under this section.

12-69 (k) The executive commissioner and each agency director

13-1 shall enter into a memorandum of understanding in the manner
13-2 prescribed by Section 531.0163 that:

13-3 (1) clearly defines the responsibilities of the agency
13-4 director and the executive commissioner, including:

13-5 (A) the responsibility of the agency director to
13-6 report to the governor and to report to and implement policies of
13-7 the executive commissioner; and

13-8 (B) the extent to which the agency director acts
13-9 as a liaison between the agency and the commission;

13-10 (2) establishes the program of evaluation and
13-11 supervision of daily operations required by Subsection (h); ~~and~~

13-12 (3) describes each delegation of a power or duty made
13-13 to an agency director; and

13-14 (4) ensures that the commission and each health and
13-15 human services agency has access to databases or other information
13-16 maintained or kept by each other agency that is necessary for the
13-17 operation of a function performed by the commission or the health
13-18 and human services agency, to the extent not prohibited by other law
13-19 [under Subsection (i) or other law].

13-20 (1) Notwithstanding any other law, the executive
13-21 commissioner has the authority to adopt policies and rules
13-22 governing the delivery of services to persons who are served by the
13-23 ~~[each]~~ health and human services system ~~[agency]~~ and the rights and
13-24 duties of persons who are served or regulated by the system ~~[each~~
13-25 ~~agency]~~.

13-26 SECTION 1.06. Subchapter A, Chapter 531, Government Code,
13-27 is amended by adding Section 531.00553 to read as follows:

13-28 Sec. 531.00553. ADMINISTRATIVE SUPPORT SERVICES. (a) In
13-29 this section, the term "administrative support services" includes
13-30 strategic planning and evaluation, audit, legal, human resources,
13-31 information resources, purchasing, contracting, financial
13-32 management, and accounting services.

13-33 (b) Subject to Subsection (c), the executive commissioner
13-34 shall plan and implement an efficient and effective centralized
13-35 system of administrative support services for the health and human
13-36 services system. The performance of administrative support
13-37 services for the health and human services system is the
13-38 responsibility of the commission.

13-39 (c) The executive commissioner shall plan and implement the
13-40 centralized system of administrative support services in
13-41 accordance with the following principles and requirements:

13-42 (1) the executive commissioner shall consult with the
13-43 commissioner of each agency and with the director of each division
13-44 within the health and human services system to ensure the
13-45 commission is responsive to and addresses agency or division needs;

13-46 (2) consolidation of staff providing the support
13-47 services must be done in a manner that ensures each agency or
13-48 division within the health and human services system that loses
13-49 staff as a result of the centralization of support services has
13-50 adequate resources to carry out functions of the agency or
13-51 division, as appropriate; and

13-52 (3) the commission and each agency or division within
13-53 the health and human services system shall, as appropriate, enter
13-54 into a memorandum of understanding or other written agreement for
13-55 the purpose of ensuring accountability for the provision of
13-56 administrative services by clearly detailing:

13-57 (A) the responsibilities of each agency or
13-58 division and the commission;

13-59 (B) the points of contact for each agency or
13-60 division and the commission;

13-61 (C) the transfer of personnel among each agency
13-62 or division and the commission;

13-63 (D) the budgetary effect the agreement has on
13-64 each agency or division and the commission; and

13-65 (E) any other item determined by the executive
13-66 commissioner to be critical for maintaining accountability.

13-67 (d) The memorandum of understanding or other agreement
13-68 required under Subsection (c), if appropriate, may be combined with
13-69 the memorandum of understanding required under Section

14-1 531.0055(k).

14-2 SECTION 1.07. Section 531.0056, Government Code, is amended
14-3 by adding Subsection (g) to read as follows:

14-4 (g) The requirements of this section apply with respect to a
14-5 state agency listed in Section 531.001(4) only until the agency is
14-6 abolished under Section 531.0202.

14-7 SECTION 1.08. (a) Subchapter A, Chapter 531, Government
14-8 Code, is amended by adding Sections 531.00561 and 531.00562 to read
14-9 as follows:

14-10 Sec. 531.00561. APPOINTMENT AND QUALIFICATIONS OF DIVISION
14-11 DIRECTORS. (a) The executive commissioner shall appoint a
14-12 director for each division established within the commission under
14-13 Section 531.008, except that the director of the office of
14-14 inspector general is appointed in accordance with Section
14-15 531.102(a-1).

14-16 (b) The executive commissioner shall:

14-17 (1) develop clear qualifications for the director of
14-18 each division appointed under this section that ensure that an
14-19 individual appointed director has:

14-20 (A) demonstrated experience in fields relevant
14-21 to the director position; and

14-22 (B) executive-level administrative and
14-23 leadership experience; and

14-24 (2) ensure the qualifications developed under
14-25 Subdivision (1) are publicly available.

14-26 Sec. 531.00562. DIVISION DIRECTOR DUTIES. (a) The
14-27 executive commissioner shall clearly define the duties and
14-28 responsibilities of a division director and develop clear policies
14-29 for the delegation of specific decision-making authority,
14-30 including budget authority, to division directors.

14-31 (b) The delegation of decision-making authority should be
14-32 significant enough to ensure the efficient administration of the
14-33 commission's programs and services.

14-34 (b) The executive commissioner of the Health and Human
14-35 Services Commission shall implement Sections 531.00561 and
14-36 531.00562, Government Code, as added by this article, on the date
14-37 specified in the transition plan required under Section 531.0204,
14-38 Government Code, as added by this article.

14-39 SECTION 1.09. (a) Section 531.008, Government Code, as
14-40 amended by S.B. No. 219, Acts of the 84th Legislature, Regular
14-41 Session, 2015, is amended to read as follows:

14-42 Sec. 531.008. DIVISIONS OF COMMISSION. (a) ~~The [Subject~~
14-43 ~~to Subsection (c), the]~~ executive commissioner shall [may]
14-44 establish divisions within the commission along functional lines as
14-45 necessary for effective administration and for the discharge of the
14-46 commission's functions.

14-47 (b) The ~~[Subject to Subsection (c), the]~~ executive
14-48 commissioner may allocate and reallocate functions among the
14-49 commission's divisions.

14-50 (c) Notwithstanding Subsections (a) and (b), the ~~[The]~~
14-51 executive commissioner shall establish the following divisions and
14-52 offices within the commission:

14-53 (1) a medical and social services division ~~[the~~
14-54 eligibility services division to make eligibility determinations
14-55 for services provided through the commission or a health and human
14-56 services agency related to:

14-57 ~~[(A) the child health plan program;~~

14-58 ~~[(B) the financial assistance program under~~
14-59 ~~Chapter 31, Human Resources Code;~~

14-60 ~~[(C) Medicaid;~~

14-61 ~~[(D) the supplemental nutrition assistance~~
14-62 ~~program under Chapter 33, Human Resources Code;~~

14-63 ~~[(E) long-term care services, as defined by~~
14-64 ~~Section 22.0011, Human Resources Code;~~

14-65 ~~[(F) community-based support services identified~~
14-66 ~~or provided in accordance with Section 531.02481; and~~

14-67 ~~[(G) other health and human services programs, as~~
14-68 ~~appropriate];~~

14-69 (2) the office of inspector general to perform fraud

15-1 and abuse investigation and enforcement functions as provided by
15-2 Subchapter C and other law;

15-3 (3) a regulatory division [~~the office of the ombudsman~~
15-4 ~~to:~~

15-5 [~~(A) provide dispute resolution services for the~~
15-6 ~~commission and the health and human services agencies; and~~

15-7 [~~(B) perform consumer protection functions~~
15-8 ~~related to health and human services];~~

15-9 (4) an administrative division [~~a purchasing division~~
15-10 ~~as provided by Section 531.017]; and~~

15-11 (5) a facilities division for the purpose of
15-12 administering state facilities, including state hospitals and
15-13 state supported living centers [~~an internal audit division to~~
15-14 ~~conduct a program of internal auditing in accordance with Chapter~~
15-15 ~~2102].~~

15-16 (d) Subsection (c) does not prohibit the executive
15-17 commissioner from establishing additional divisions under
15-18 Subsection (a) as the executive commissioner determines
15-19 appropriate. This subsection and Subsection (c) expire September
15-20 1, 2023.

15-21 (b) The executive commissioner of the Health and Human
15-22 Services Commission shall establish divisions within the
15-23 commission as required under Section 531.008, Government Code, as
15-24 amended by this article, on the date specified in the transition
15-25 plan required under Section 531.0204, Government Code, as added by
15-26 this article.

15-27 SECTION 1.10. (a) Subchapter A, Chapter 531, Government
15-28 Code, is amended by adding Section 531.0083 to read as follows:

15-29 Sec. 531.0083. OFFICE OF POLICY AND PERFORMANCE. (a) In
15-30 this section, "office" means the office of policy and performance
15-31 established by this section.

15-32 (b) The executive commissioner shall establish the office
15-33 of policy and performance as an executive-level office designed to
15-34 coordinate policy and performance efforts across the health and
15-35 human services system. To coordinate those efforts, the office
15-36 shall:

15-37 (1) develop a performance management system;

15-38 (2) take the lead in supporting and providing
15-39 oversight for the implementation of major policy changes and in
15-40 managing organizational changes; and

15-41 (3) act as a centralized body of experts within the
15-42 commission that offers program evaluation and process improvement
15-43 expertise.

15-44 (c) In developing a performance management system under
15-45 Subsection (b)(1), the office shall:

15-46 (1) gather, measure, and evaluate performance
15-47 measures and accountability systems used by the health and human
15-48 services system;

15-49 (2) develop new and refined performance measures as
15-50 appropriate; and

15-51 (3) establish targeted, high-level system metrics
15-52 that are capable of measuring and communicating overall performance
15-53 and achievement of goals by the health and human services system to
15-54 both internal and public audiences through various mechanisms,
15-55 including the Internet.

15-56 (d) In providing support and oversight for the
15-57 implementation of policy or organizational changes within the
15-58 health and human services system under Subsection (b)(2), the
15-59 office shall:

15-60 (1) ensure individuals receiving services from or
15-61 participating in programs administered through the health and human
15-62 services system do not lose visibility or attention during the
15-63 implementation of any new policy or organizational change by:

15-64 (A) establishing timelines and milestones for
15-65 any transition;

15-66 (B) supporting staff of the health and human
15-67 services system in any change between service delivery methods; and

15-68 (C) providing feedback to executive management
15-69 on technical assistance and other support needed to achieve a

16-1 successful transition;
 16-2 (2) address cultural differences among staff of the
 16-3 health and human services system; and

16-4 (3) track and oversee changes in policy or
 16-5 organization mandated by legislation or administrative rule.

16-6 (e) In acting as a centralized body of experts under
 16-7 Subsection (b)(3), the office shall:

16-8 (1) for the health and human services system, provide
 16-9 program evaluation and process improvement guidance both generally
 16-10 and for specific projects identified with executive or stakeholder
 16-11 input or through risk analysis; and

16-12 (2) identify and monitor cross-functional efforts
 16-13 involving different administrative components within the health
 16-14 and human services system and the establishment of cross-functional
 16-15 teams when necessary to improve the coordination of services
 16-16 provided through the system.

16-17 (f) The executive commissioner may otherwise develop the
 16-18 office's structure and duties as the executive commissioner
 16-19 determines appropriate.

16-20 (b) As soon as practicable after the effective date of this
 16-21 article but not later than October 1, 2015, the executive
 16-22 commissioner of the Health and Human Services Commission shall
 16-23 establish the office of policy and performance as an executive
 16-24 office within the commission as required under Section 531.0083,
 16-25 Government Code, as added by this article.

16-26 (c) The office of policy and performance required under
 16-27 Section 531.0083, Government Code, as added by this article, shall
 16-28 assist the Health and Human Services Transition Legislative
 16-29 Oversight Committee created under Section 531.0203, Government
 16-30 Code, as added by this article, by performing the functions
 16-31 required of the office under Section 531.0083(b)(2), Government
 16-32 Code, as added by this article, with respect to the consolidation
 16-33 mandated by Subchapter A-1, Chapter 531, Government Code, as added
 16-34 by this article.

16-35 SECTION 1.11. Section 531.017, Government Code, is amended
 16-36 to read as follows:

16-37 Sec. 531.017. PURCHASING UNIT [~~DIVISION~~]. (a) The
 16-38 commission shall establish a purchasing unit [~~division~~] for the
 16-39 management of administrative activities related to the purchasing
 16-40 functions within [~~of the commission and~~] the health and human
 16-41 services system [~~agencies~~].

16-42 (b) The purchasing unit [~~division~~] shall:

16-43 (1) seek to achieve targeted cost reductions, increase
 16-44 process efficiencies, improve technological support and customer
 16-45 services, and enhance purchasing support within the [~~for each~~]
 16-46 health and human services system [~~agency~~]; and

16-47 (2) if cost-effective, contract with private entities
 16-48 to perform purchasing functions for the [~~commission and the~~] health
 16-49 and human services system [~~agencies~~].

16-50 SECTION 1.12. Chapter 265, Family Code, is amended by
 16-51 designating Sections 265.001 through 265.004 as Subchapter A and
 16-52 adding a subchapter heading to read as follows:

16-53 SUBCHAPTER A. PREVENTION AND EARLY INTERVENTION SERVICES

16-54 SECTION 1.13. Section 265.002, Family Code, is amended to
 16-55 read as follows:

16-56 Sec. 265.002. PREVENTION AND EARLY INTERVENTION SERVICES
 16-57 DIVISION. (a) The department shall operate a division to provide
 16-58 services for children in at-risk situations and for the families of
 16-59 those children and to achieve the consolidation of prevention and
 16-60 early intervention services within the jurisdiction of a single
 16-61 agency in order to avoid fragmentation and duplication of services
 16-62 and to increase the accountability for the delivery and
 16-63 administration of these services. The division shall be called the
 16-64 prevention and early intervention services division and shall have
 16-65 the following duties:

16-66 (1) to plan, develop, and administer a comprehensive
 16-67 and unified delivery system of prevention and early intervention
 16-68 services to children and their families in at-risk situations;

16-69 (2) to improve the responsiveness of services for

17-1 at-risk children and their families by facilitating greater
17-2 coordination and flexibility in the use of funds by state and local
17-3 service providers;

17-4 (3) to provide greater accountability for prevention
17-5 and early intervention services in order to demonstrate the impact
17-6 or public benefit of a program by adopting outcome measures; and

17-7 (4) to assist local communities in the coordination
17-8 and development of prevention and early intervention services in
17-9 order to maximize federal, state, and local resources.

17-10 (b) The department's prevention and early intervention
17-11 services division must be organizationally separate from the
17-12 department's divisions performing child protective services and
17-13 adult protective services functions.

17-14 SECTION 1.14. Subchapter A, Chapter 265, Family Code, as
17-15 added by this article, is amended by adding Section 265.006 to read
17-16 as follows:

17-17 Sec. 265.006. PROHIBITION ON USE OF AGENCY NAME OR LOGO.
17-18 The department may not allow the use of the department's name or
17-19 identifying logo or insignia on forms or other materials related to
17-20 the department's prevention and early intervention services that
17-21 are:

- 17-22 (1) provided by the department's contractors; or
- 17-23 (2) distributed by the department's contractors to the
17-24 department's clients.

17-25 SECTION 1.15. (a) Subchapter Q, Chapter 531, Government
17-26 Code, including provisions amended by S.B. No. 219, Acts of the 84th
17-27 Legislature, Regular Session, 2015, is transferred to Chapter 265,
17-28 Family Code, redesignated as Subchapter C, Chapter 265, Family
17-29 Code, and amended to read as follows:

17-30 SUBCHAPTER C [~~Q~~]. NURSE-FAMILY PARTNERSHIP COMPETITIVE
17-31 GRANT PROGRAM

17-32 Sec. 265.101 [~~531.651~~]. DEFINITIONS. In this subchapter:

17-33 (1) "Competitive grant program" means the
17-34 nurse-family partnership competitive grant program established
17-35 under this subchapter.

17-36 (2) "Partnership program" means a nurse-family
17-37 partnership program.

17-38 Sec. 265.102 [~~531.652~~]. OPERATION OF NURSE-FAMILY
17-39 PARTNERSHIP COMPETITIVE GRANT PROGRAM. (a) The department
17-40 [~~commission~~] shall operate a nurse-family partnership competitive
17-41 grant program through which the department [~~commission~~] will award
17-42 grants for the implementation of nurse-family partnership
17-43 programs, or the expansion of existing programs, and for the
17-44 operation of those programs for a period of not less than two years.

17-45 (b) The department [~~commission~~] shall award grants under
17-46 the program to applicants, including applicants operating existing
17-47 programs, in a manner that ensures that the partnership programs
17-48 collectively:

17-49 (1) operate in multiple communities that are
17-50 geographically distributed throughout this state; and

17-51 (2) provide program services to approximately 2,000
17-52 families.

17-53 Sec. 265.103 [~~531.653~~]. PARTNERSHIP PROGRAM REQUIREMENTS.
17-54 A partnership program funded through a grant awarded under this
17-55 subchapter must:

17-56 (1) strictly adhere to the program model developed by
17-57 the Nurse-Family Partnership National Service Office, including
17-58 any clinical, programmatic, and data collection requirements of
17-59 that model;

17-60 (2) require that registered nurses regularly visit the
17-61 homes of low-income, first-time mothers participating in the
17-62 program to provide services designed to:

17-63 (A) improve pregnancy outcomes;

17-64 (B) improve child health and development;

17-65 (C) improve family economic self-sufficiency and
17-66 stability; and

17-67 (D) reduce the incidence of child abuse and
17-68 neglect;

17-69 (3) require that nurses who provide services through

18-1 the program:

18-2 (A) receive training from the office of the
18-3 attorney general at least once each year on procedures by which a
18-4 person may voluntarily acknowledge the paternity of a child and on
18-5 the availability of child support services from the office;

18-6 (B) provide a mother with information about the
18-7 rights, responsibilities, and benefits of establishing the
18-8 paternity of her child, if appropriate;

18-9 (C) provide assistance to a mother and the
18-10 alleged father of her child if the mother and alleged father seek to
18-11 voluntarily acknowledge paternity of the child, if appropriate; and

18-12 (D) provide information to a mother about the
18-13 availability of child support services from the office of the
18-14 attorney general; and

18-15 (4) require that the regular nurse visits described by
18-16 Subdivision (2) begin not later than a mother's 28th week of
18-17 gestation and end when her child reaches two years of age.

18-18 Sec. 265.104 [~~531.654~~]. APPLICATION. (a) A public or
18-19 private entity, including a county, municipality, or other
18-20 political subdivision of this state, may apply for a grant under
18-21 this subchapter.

18-22 (b) To apply for a grant, an applicant must submit a written
18-23 application to the department [~~commission~~] on a form prescribed by
18-24 the department [~~commission~~] in consultation with the Nurse-Family
18-25 Partnership National Service Office.

18-26 (c) The application prescribed by the department
18-27 [~~commission~~] must:

18-28 (1) require the applicant to provide data on the
18-29 number of low-income, first-time mothers residing in the community
18-30 in which the applicant proposes to operate or expand a partnership
18-31 program and provide a description of existing services available to
18-32 those mothers;

18-33 (2) describe the ongoing monitoring and evaluation
18-34 process to which a grant recipient is subject under Section 265.109
18-35 [~~531.659~~], including the recipient's obligation to collect and
18-36 provide information requested by the department [~~commission~~] under
18-37 Section 265.109(c) [~~531.659(c)~~]; and

18-38 (3) require the applicant to provide other relevant
18-39 information as determined by the department [~~commission~~].

18-40 Sec. 265.105 [~~531.655~~]. ADDITIONAL CONSIDERATIONS IN
18-41 AWARDED GRANTS. In addition to the factors described by Sections
18-42 265.102(b) [~~531.652(b)~~] and 265.103 [~~531.653~~], in determining
18-43 whether to award a grant to an applicant under this subchapter, the
18-44 department [~~commission~~] shall consider:

18-45 (1) the demonstrated need for a partnership program in
18-46 the community in which the applicant proposes to operate or expand
18-47 the program, which may be determined by considering:

18-48 (A) the poverty rate, the crime rate, the number
18-49 of births to Medicaid recipients, the rate of poor birth outcomes,
18-50 and the incidence of child abuse and neglect during a prescribed
18-51 period in the community; and

18-52 (B) the need to enhance school readiness in the
18-53 community;

18-54 (2) the applicant's ability to participate in ongoing
18-55 monitoring and performance evaluations under Section 265.109
18-56 [~~531.659~~], including the applicant's ability to collect and provide
18-57 information requested by the department [~~commission~~] under Section
18-58 265.109(c) [~~531.659(c)~~];

18-59 (3) the applicant's ability to adhere to the
18-60 partnership program standards adopted under Section 265.106
18-61 [~~531.656~~];

18-62 (4) the applicant's ability to develop broad-based
18-63 community support for implementing or expanding a partnership
18-64 program, as applicable; and

18-65 (5) the applicant's history of developing and
18-66 sustaining innovative, high-quality programs that meet the needs of
18-67 families and communities.

18-68 Sec. 265.106 [~~531.656~~]. PARTNERSHIP PROGRAM STANDARDS.
18-69 The executive commissioner, with the assistance of the Nurse-Family

19-1 Partnership National Service Office, shall adopt standards for the
 19-2 partnership programs funded under this subchapter. The standards
 19-3 must adhere to the Nurse-Family Partnership National Service Office
 19-4 program model standards and guidelines that were developed in
 19-5 multiple, randomized clinical trials and have been tested and
 19-6 replicated in multiple communities.

19-7 Sec. 265.107 [~~531.657~~]. USE OF AWARDED GRANT FUNDS. The
 19-8 grant funds awarded under this subchapter may be used only to cover
 19-9 costs related to implementing or expanding and operating a
 19-10 partnership program, including costs related to:

19-11 (1) administering the program;

19-12 (2) training and managing registered nurses who
 19-13 participate in the program;

19-14 (3) paying the salaries and expenses of registered
 19-15 nurses who participate in the program;

19-16 (4) paying for facilities and equipment for the
 19-17 program; and

19-18 (5) paying for services provided by the Nurse-Family
 19-19 Partnership National Service Office to ensure a grant recipient
 19-20 adheres to the organization's program model.

19-21 Sec. 265.108 [~~531.658~~]. STATE NURSE CONSULTANT. Using
 19-22 money appropriated for the competitive grant program, the
 19-23 department [~~commission~~] shall hire or contract with a state nurse
 19-24 consultant to assist grant recipients with implementing or
 19-25 expanding and operating the partnership programs in the applicable
 19-26 communities.

19-27 Sec. 265.109 [~~531.659~~]. PROGRAM MONITORING AND EVALUATION;
 19-28 ANNUAL COMMITTEE REPORTS. (a) The department [~~commission~~], with
 19-29 the assistance of the Nurse-Family Partnership National Service
 19-30 Office, shall:

19-31 (1) adopt performance indicators that are designed to
 19-32 measure a grant recipient's performance with respect to the
 19-33 partnership program standards adopted by the executive
 19-34 commissioner under Section 265.106 [~~531.656~~];

19-35 (2) use the performance indicators to continuously
 19-36 monitor and formally evaluate on an annual basis the performance of
 19-37 each grant recipient; and

19-38 (3) prepare and submit an annual report, not later
 19-39 than December 1 of each year, to the Senate Health and Human
 19-40 Services Committee, or its successor, and the House Human Services
 19-41 Committee, or its successor, regarding the performance of each
 19-42 grant recipient during the preceding state fiscal year with respect
 19-43 to providing partnership program services.

19-44 (b) The report required under Subsection (a)(3) must
 19-45 include:

19-46 (1) the number of low-income, first-time mothers to
 19-47 whom each grant recipient provided partnership program services
 19-48 and, of that number, the number of mothers who established the
 19-49 paternity of an alleged father as a result of services provided
 19-50 under the program;

19-51 (2) the extent to which each grant recipient made
 19-52 regular visits to mothers during the period described by Section
 19-53 265.103(4) [~~531.653(4)~~]; and

19-54 (3) the extent to which each grant recipient adhered
 19-55 to the Nurse-Family Partnership National Service Office's program
 19-56 model, including the extent to which registered nurses:

19-57 (A) conducted home visitations comparable in
 19-58 frequency, duration, and content to those delivered in Nurse-Family
 19-59 Partnership National Service Office clinical trials; and

19-60 (B) assessed the health and well-being of mothers
 19-61 and children participating in the partnership programs in
 19-62 accordance with indicators of maternal, child, and family health
 19-63 defined by the department [~~commission~~] in consultation with the
 19-64 Nurse-Family Partnership National Service Office.

19-65 (c) On request, each grant recipient shall timely collect
 19-66 and provide data and any other information required by the
 19-67 department [~~commission~~] to monitor and evaluate the recipient or to
 19-68 prepare the report required by this section.

19-69 Sec. 265.110 [~~531.660~~]. COMPETITIVE GRANT PROGRAM FUNDING.

20-1 (a) The department [~~commission~~] shall actively seek and apply for
 20-2 any available federal funds, including federal Medicaid and
 20-3 Temporary Assistance for Needy Families (TANF) funds, to assist in
 20-4 financing the competitive grant program established under this
 20-5 subchapter.

20-6 (b) The department [~~commission~~] may use appropriated funds
 20-7 from the state government and may accept gifts, donations, and
 20-8 grants of money from the federal government, local governments,
 20-9 private corporations, or other persons to assist in financing the
 20-10 competitive grant program.

20-11 (b) Notwithstanding the transfer of Subchapter Q, Chapter
 20-12 531, Government Code, to Chapter 265, Family Code, and
 20-13 redesignation as Subchapter C of that chapter, the Health and Human
 20-14 Services Commission shall continue to administer the Nurse-Family
 20-15 Partnership Competitive Grant Program under that subchapter until
 20-16 the date the program transfers to the Department of Family and
 20-17 Protective Services in accordance with Section 531.0201,
 20-18 Government Code, as added by this article, and the transition plan
 20-19 under Section 531.0204, Government Code, as added by this article.

20-20 SECTION 1.16. Effective September 1, 2017, Section
 20-21 1001.002, Health and Safety Code, is amended to read as follows:

20-22 Sec. 1001.002. AGENCY AND AGENCY FUNCTIONS. (a) In this
 20-23 section, "function" includes a power, duty, program, or activity
 20-24 and an administrative support services function associated with the
 20-25 power, duty, program, or activity, unless consolidated under
 20-26 Section 531.02012, Government Code.

20-27 (b) The department is an agency of the state.

20-28 (c) In accordance with Subchapter A-1, Chapter 531,
 20-29 Government Code, and notwithstanding any other law, the department
 20-30 performs only functions related to public health, including health
 20-31 care data collection and maintenance of the Texas Health Care
 20-32 Information Collection program.

20-33 SECTION 1.17. Effective September 1, 2017, Subchapter A,
 20-34 Chapter 1001, Health and Safety Code, is amended by adding Sections
 20-35 1001.004 and 1001.005 to read as follows:

20-36 Sec. 1001.004. REFERENCES IN LAW MEANING DEPARTMENT. In
 20-37 this code or any other law, a reference to the department in
 20-38 relation to a function described by Section 1001.002(c) means the
 20-39 department. A reference in law to the department in relation to any
 20-40 other function has the meaning assigned by Section 531.0011,
 20-41 Government Code.

20-42 Sec. 1001.005. REFERENCES IN LAW MEANING COMMISSIONER OR
 20-43 DESIGNEE. In this code or in any other law, a reference to the
 20-44 commissioner in relation to a function described by Section
 20-45 1001.002(c) means the commissioner. A reference in law to the
 20-46 commissioner in relation to any other function has the meaning
 20-47 assigned by Section 531.0012, Government Code.

20-48 SECTION 1.18. Effective September 1, 2017, Section
 20-49 40.002(b), Human Resources Code, as amended by S.B. No. 219, Acts of
 20-50 the 84th Legislature, Regular Session, 2015, is amended to read as
 20-51 follows:

20-52 (b) Except as provided by Section 40.0025 [~~Notwithstanding~~
 20-53 ~~any other law~~], the department shall:

20-54 (1) provide protective services for children and
 20-55 elderly persons and persons with disabilities, including
 20-56 investigations of alleged abuse, neglect, or exploitation in
 20-57 facilities of the Department of State Health Services and the
 20-58 Department of Aging and Disability Services or the successor agency
 20-59 for either of those agencies;

20-60 (2) provide family support and family preservation
 20-61 services that respect the fundamental right of parents to control
 20-62 the education and upbringing of their children;

20-63 (3) license, register, and enforce regulations
 20-64 applicable to child-care facilities, child-care administrators,
 20-65 and child-placing agency administrators; and

20-66 (4) implement and manage programs intended to provide
 20-67 early intervention or prevent at-risk behaviors that lead to child
 20-68 abuse, delinquency, running away, truancy, and dropping out of
 20-69 school.

SECTION 1.19. Effective September 1, 2017, Subchapter A, Chapter 40, Human Resources Code, is amended by adding Sections 40.0025, 40.0026, and 40.0027 to read as follows:

Sec. 40.0025. AGENCY FUNCTIONS. (a) In this section, "function" includes a power, duty, program, or activity and an administrative support services function associated with the power, duty, program, or activity, unless consolidated under Section 531.02012, Government Code.

(b) In accordance with Subchapter A-1, Chapter 531, Government Code, and notwithstanding any other law, the department performs only functions, including the statewide intake of reports and other information, related to the following services:

(1) child protective services, including services that are required by federal law to be provided by this state's child welfare agency;

(2) adult protective services, other than investigations of the alleged abuse, neglect, or exploitation of an elderly person or person with a disability:

(A) in a facility operated, or in a facility or by a person licensed, certified, or registered, by a state agency; or

(B) by a provider that has contracted to provide home and community-based services; and

(3) prevention and early intervention services functions, including:

(A) prevention and early intervention services as defined under Section 265.001, Family Code; and

(B) programs that:

(i) provide parent education;

(ii) promote healthier parent-child relationships; or

(iii) prevent family violence.

Sec. 40.0026. REFERENCES IN LAW MEANING DEPARTMENT. In this code or any other law, a reference to the department in relation to a function described by Section 40.0025(b) means the department. A reference in law to the department in relation to any other function has the meaning assigned by Section 531.0011, Government Code.

Sec. 40.0027. REFERENCES IN LAW MEANING COMMISSIONER OR DESIGNEE. In this code or in any other law, a reference to the commissioner in relation to a function described by Section 40.0025(b) means the commissioner. A reference in law to the commissioner in relation to any other function has the meaning assigned by Section 531.0012, Government Code.

SECTION 1.20. Sections 40.0515(d) and (e), Human Resources Code, are amended to read as follows:

(d) A performance review conducted under Subsection (b)(3) is considered a performance evaluation for purposes of Section 40.032(c) of this code or Section 531.009(c), Government Code, as applicable. The department shall ensure that disciplinary or other corrective action is taken against a supervisor or other managerial employee who is required to conduct a performance evaluation for adult protective services personnel under Section 40.032(c) of this code or Section 531.009(c), Government Code, as applicable, or a performance review under Subsection (b)(3) and who fails to complete that evaluation or review in a timely manner.

(e) The annual performance evaluation required under Section 40.032(c) of this code or Section 531.009(c), Government Code, as applicable, of the performance of a supervisor in the adult protective services division must:

(1) be performed by an appropriate program administrator; and

(2) include:
 (A) an evaluation of the supervisor with respect to the job performance standards applicable to the supervisor's assigned duties; and

(B) an evaluation of the supervisor with respect to the compliance of employees supervised by the supervisor with the job performance standards applicable to those employees' assigned duties.

22-1 SECTION 1.21. (a) The heading to Subchapter C, Chapter
22-2 112, Human Resources Code, is amended to read as follows:

22-3 SUBCHAPTER C. [~~OFFICE FOR THE~~] PREVENTION OF DEVELOPMENTAL
22-4 DISABILITIES

22-5 (b) Section 112.042, Human Resources Code, is amended by
22-6 amending Subdivision (1) and adding Subdivisions (1-a) and (1-b) to
22-7 read as follows:

22-8 (1) "Commission" means the Health and Human Services
22-9 Commission.

22-10 (1-a) "Developmental disability" means a severe,
22-11 chronic disability that:

22-12 (A) is attributable to a mental or physical
22-13 impairment or to a combination of a mental and physical impairment;

22-14 (B) is manifested before a person reaches the age
22-15 of 22;

22-16 (C) is likely to continue indefinitely;

22-17 (D) results in substantial functional
22-18 limitations in three or more major life activities, including:

- 22-19 (i) self-care;
- 22-20 (ii) receptive and expressive language;
- 22-21 (iii) learning;
- 22-22 (iv) mobility;
- 22-23 (v) self-direction;
- 22-24 (vi) capacity for independent living; and
- 22-25 (vii) economic sufficiency; and

22-26 (E) reflects the person's needs for a combination
22-27 and sequence of special interdisciplinary or generic care,
22-28 treatment, or other lifelong or extended services that are
22-29 individually planned and coordinated.

22-30 (1-b) "Executive commissioner" means the executive
22-31 commissioner of the Health and Human Services Commission.

22-32 (c) Subchapter C, Chapter 112, Human Resources Code, is
22-33 amended by adding Sections 112.0421 and 112.0431 to read as
22-34 follows:

22-35 Sec. 112.0421. APPLICABILITY AND EXPIRATION OF CERTAIN
22-36 PROVISIONS. (a) Sections 112.041(a), 112.043, 112.045, 112.0451,
22-37 112.0452, 112.0453, 112.0454, 112.046, 112.047, 112.0471, and
22-38 112.0472 apply only until the date the executive commissioner
22-39 begins to administer this subchapter and the commission assumes the
22-40 duties and functions of the Office for the Prevention of
22-41 Developmental Disabilities in accordance with Section 112.0431.

22-42 (b) On the date the provisions listed in Subsection (a)
22-43 cease to apply, the executive committee under Section 112.045 and
22-44 the board of advisors under Section 112.046 are abolished.

22-45 (c) This section and Sections 112.041(a), 112.043, 112.045,
22-46 112.0451, 112.0452, 112.0453, 112.0454, 112.046, 112.047,
22-47 112.0471, and 112.0472 expire on the last day of the period
22-48 prescribed by Section 531.02001(2), Government Code.

22-49 Sec. 112.0431. ADMINISTRATION OF SUBCHAPTER; CERTAIN
22-50 REFERENCES. (a) Notwithstanding any other provision in this
22-51 subchapter, the executive commissioner shall administer this
22-52 subchapter beginning on the date specified in the transition plan
22-53 under Section 531.0204, Government Code, and the commission shall
22-54 perform the duties and functions of the Office for the Prevention of
22-55 Developmental Disabilities in the organizational form the
22-56 executive commissioner determines appropriate.

22-57 (b) Following the assumption of the administration of this
22-58 subchapter by the executive commissioner and the duties and
22-59 functions by the commission in accordance with Subsection (a):

22-60 (1) a reference in this subchapter to the office, the
22-61 Office for the Prevention of Developmental Disabilities, or the
22-62 executive committee of that office means the commission, the
22-63 division or other organizational unit within the commission
22-64 designated by the executive commissioner, or the executive
22-65 commissioner, as appropriate; and

22-66 (2) a reference in any other law to the Office for the
22-67 Prevention of Developmental Disabilities has the meaning assigned
22-68 by Subdivision (1).

22-69 (d) Section 112.044, Human Resources Code, is amended to

23-1 read as follows:

23-2 Sec. 112.044. DUTIES. The office shall:

23-3 (1) educate the public and attempt to promote sound
23-4 public policy regarding the prevention of developmental
23-5 disabilities;

23-6 (2) identify, collect, and disseminate information
23-7 and data concerning the causes, frequency of occurrence, and
23-8 preventability of developmental disabilities;

23-9 (3) work with appropriate divisions within the
23-10 commission, state agencies, and other entities to develop a
23-11 coordinated long-range plan to effectively monitor and reduce the
23-12 incidence or severity of developmental disabilities;

23-13 (4) promote and facilitate the identification,
23-14 development, coordination, and delivery of needed prevention
23-15 services;

23-16 (5) solicit, receive, and spend grants and donations
23-17 from public, private, state, and federal sources;

23-18 (6) identify and encourage establishment of needed
23-19 reporting systems to track the causes and frequencies of occurrence
23-20 of developmental disabilities;

23-21 (7) develop, operate, and monitor programs created
23-22 under Section 112.048 addressing ~~[task forces to address]~~ the
23-23 prevention of specific targeted developmental disabilities;

23-24 (8) monitor and assess the effectiveness of divisions
23-25 within the commission and of state agencies in preventing ~~[to~~
23-26 ~~prevent]~~ developmental disabilities;

23-27 (9) recommend the role each division within the
23-28 commission and each state agency should have with regard to
23-29 prevention of developmental disabilities;

23-30 (10) facilitate coordination of state agency
23-31 prevention services and activities within the commission and among
23-32 appropriate state agencies; and

23-33 (11) encourage cooperative, comprehensive, and
23-34 complementary planning among public, private, and volunteer
23-35 individuals and organizations engaged in prevention activities,
23-36 providing prevention services, or conducting related research.

23-37 (e) Sections 112.048 and 112.049, Human Resources Code, are
23-38 amended to read as follows:

23-39 Sec. 112.048. PREVENTION PROGRAMS FOR TARGETED
23-40 DEVELOPMENTAL DISABILITIES ~~[TASK FORCES]~~. (a) The executive
23-41 committee shall establish guidelines for:

23-42 (1) selecting targeted disabilities;

23-43 (2) assessing prevention services needs; and

23-44 (3) reviewing ~~[task force]~~ plans, budgets, and
23-45 operations for programs under this section.

23-46 (b) The executive committee shall ~~[create task forces made~~
23-47 ~~up of members of the board of advisors to]~~ plan and implement
23-48 prevention programs for specifically targeted developmental
23-49 disabilities. ~~[A task force operates as an administrative division~~
23-50 ~~of the office and can be abolished when it is ineffective or is no~~
23-51 ~~longer needed.]~~

23-52 (c) A program under this section ~~[task force shall]~~:

23-53 (1) must include ~~[develop]~~ a plan designed to reduce
23-54 the incidence of a specifically targeted disability;

23-55 (2) must include ~~[prepare]~~ a budget for implementing a
23-56 plan;

23-57 (3) must be funded ~~[arrange for funds]~~ through:

23-58 (A) contracts for services from participating
23-59 agencies;

23-60 (B) grants and gifts from private persons and
23-61 consumer and advocacy organizations; and

23-62 (C) foundation support; and

23-63 (4) must be approved by ~~[submit the plan, budget, and~~
23-64 ~~evidence of funding commitments to]~~ the executive committee ~~[for~~
23-65 ~~approval]~~.

23-66 ~~[(d) A task force shall regularly report to the executive~~
23-67 ~~committee, as required by the committee, the operation, progress,~~
23-68 ~~and results of the task force's prevention plan.]~~

23-69 Sec. 112.049. EVALUATION. (a) The office shall identify

24-1 or encourage the establishment of needed statistical bases for each
24-2 targeted group against which the office can measure how effectively
24-3 a [~~task force~~] program under Section 112.048 is reducing the
24-4 frequency or severity of a targeted developmental disability.

24-5 (b) The executive committee shall regularly monitor and
24-6 evaluate the results of [~~task force prevention~~] programs under
24-7 Section 112.048.

24-8 (f) The heading to Section 112.050, Human Resources Code, is
24-9 amended to read as follows:

24-10 Sec. 112.050. GRANTS AND OTHER FUNDING.

24-11 (g) Section 112.050, Human Resources Code, is amended by
24-12 amending Subsection (c) and adding Subsection (d) to read as
24-13 follows:

24-14 (c) The executive committee may not submit a legislative
24-15 appropriation request for general revenue funds for purposes of
24-16 this subchapter.

24-17 (d) In addition to funding under Subsection (a), the office
24-18 may accept and solicit gifts, donations, and grants of money from
24-19 public and private sources, including the federal government, local
24-20 governments, and private entities, to assist in financing the
24-21 duties and functions of the office. The commission shall support
24-22 office fund-raising efforts authorized by this subsection. Funds
24-23 raised under this subsection may only be spent in furtherance of a
24-24 duty or function of the office or in accordance with rules
24-25 applicable to the office.

24-26 (h) Section 112.051, Human Resources Code, is amended to
24-27 read as follows:

24-28 Sec. 112.051. REPORTS TO LEGISLATURE. The office shall
24-29 submit by February 1 of each odd-numbered year biennial reports to
24-30 the legislature detailing findings of the office and the results of
24-31 [~~task force prevention~~] programs under Section 112.048 and
24-32 recommending improvements in the delivery of developmental
24-33 disability prevention services.

24-34 (i) Notwithstanding the changes in law made by this section,
24-35 the Office for the Prevention of Developmental Disabilities and any
24-36 administrative entity of the Office for the Prevention of
24-37 Developmental Disabilities shall continue to operate under the law
24-38 as it existed before the effective date of this article, and that
24-39 law is continued in effect for that purpose, until the executive
24-40 commissioner of the Health and Human Services Commission begins
24-41 administering Subchapter C, Chapter 112, Human Resources Code, as
24-42 amended by this article, and the commission begins performing the
24-43 duties and functions of the Office for the Prevention of
24-44 Developmental Disabilities as required by Section 112.0431, Human
24-45 Resources Code, as added by this article, on the date specified in
24-46 the transition plan required under Section 531.0204, Government
24-47 Code, as added by this article.

24-48 (j) The executive commissioner of the Health and Human
24-49 Services Commission shall begin administering Subchapter C,
24-50 Chapter 112, Human Resources Code, as amended by this article, and
24-51 the commission shall begin performing the duties and functions of
24-52 the Office for the Prevention of Developmental Disabilities as
24-53 required by Section 112.0431, Human Resources Code, as added by
24-54 this article, on the date specified in the transition plan required
24-55 under Section 531.0204, Government Code, as added by this article.

24-56 SECTION 1.22. (a) The heading to Chapter 114, Human
24-57 Resources Code, is amended to read as follows:

24-58 CHAPTER 114. [~~TEXAS COUNCIL ON~~] AUTISM AND PERVASIVE DEVELOPMENTAL
24-59 DISORDERS

24-60 (b) Section 114.002, Human Resources Code, is amended by
24-61 adding Subdivisions (1-a) and (3) to read as follows:

24-62 (1-a) "Commission" means the Health and Human Services
24-63 Commission.

24-64 (3) "Executive commissioner" means the executive
24-65 commissioner of the Health and Human Services Commission.

24-66 (c) Chapter 114, Human Resources Code, is amended by adding
24-67 Sections 114.0021 and 114.0031 to read as follows:

24-68 Sec. 114.0021. APPLICABILITY AND EXPIRATION OF CERTAIN
24-69 PROVISIONS. (a) Sections 114.001, 114.003, 114.004, 114.005,

25-1 114.007(a), and 114.010(d) apply only until the date the executive
 25-2 commissioner begins to administer this chapter and the commission
 25-3 assumes the duties and functions of the Texas Council on Autism and
 25-4 Pervasive Developmental Disorders in accordance with Section
 25-5 114.0031.

25-6 (b) On the date the provisions listed in Subsection (a)
 25-7 cease to apply, the Texas Council on Autism and Pervasive
 25-8 Developmental Disorders is abolished.

25-9 (c) This section and Sections 114.001, 114.003, 114.004,
 25-10 114.005, 114.007(a), and 114.010(d) expire on the last day of the
 25-11 period prescribed by Section 531.02001(1), Government Code.

25-12 Sec. 114.0031. ADMINISTRATION OF CHAPTER; CERTAIN
 25-13 REFERENCES. (a) Notwithstanding any other provision in this
 25-14 chapter, the executive commissioner shall administer this chapter
 25-15 beginning on the date specified in the transition plan under
 25-16 Section 531.0204, Government Code, and the commission shall perform
 25-17 the duties and functions of the Texas Council on Autism and
 25-18 Pervasive Developmental Disorders in the organizational form the
 25-19 executive commissioner determines appropriate.

25-20 (b) Following the assumption of the administration of this
 25-21 chapter by the executive commissioner and the duties and functions
 25-22 by the commission in accordance with Subsection (a):

25-23 (1) a reference in this chapter to the council, the
 25-24 Texas Council on Autism and Pervasive Developmental Disorders, or
 25-25 an agency represented on the council means the commission, the
 25-26 division or other organizational unit within the commission
 25-27 designated by the executive commissioner, or the executive
 25-28 commissioner, as appropriate; and

25-29 (2) a reference in any other law to the Texas Council
 25-30 on Autism and Pervasive Developmental Disorders has the meaning
 25-31 assigned by Subdivision (1).

25-32 (d) Section 114.006(b), Human Resources Code, is amended to
 25-33 read as follows:

25-34 (b) The council shall make written recommendations on the
 25-35 implementation of this chapter. If the council considers a
 25-36 recommendation that will affect another state [an] agency [not
 25-37 represented on the council], the council shall seek the advice and
 25-38 assistance of the agency before taking action on the
 25-39 recommendation. On approval of the governing body of the agency,
 25-40 each agency affected by a council recommendation shall implement
 25-41 the recommendation. If an agency does not have sufficient funds to
 25-42 implement a recommendation, the agency shall request funds for that
 25-43 purpose in its next budget proposal.

25-44 (e) Sections 114.007(b) and (c), Human Resources Code, are
 25-45 amended to read as follows:

25-46 (b) The council with [the advice of the advisory task force
 25-47 and] input from people with autism and other pervasive
 25-48 developmental disorders, their families, and related advocacy
 25-49 organizations shall address contemporary issues affecting services
 25-50 available to persons with autism or other pervasive developmental
 25-51 disorders in this state, including:

25-52 (1) successful intervention and treatment strategies,
 25-53 including transitioning;

25-54 (2) personnel preparation and continuing education;

25-55 (3) referral, screening, and evaluation services;

25-56 (4) day care, respite care, or residential care
 25-57 services;

25-58 (5) vocational and adult training programs;

25-59 (6) public awareness strategies;

25-60 (7) contemporary research;

25-61 (8) early identification strategies;

25-62 (9) family counseling and case management; and

25-63 (10) recommendations for monitoring autism service
 25-64 programs.

25-65 (c) The council with [the advice of the advisory task force
 25-66 and] input from people with autism and other pervasive
 25-67 developmental disorders, their families, and related advocacy
 25-68 organizations shall advise the legislature on legislation that is
 25-69 needed to develop further and to maintain a statewide system of

26-1 quality intervention and treatment services for all persons with
 26-2 autism or other pervasive developmental disorders. The council may
 26-3 develop and recommend legislation to the legislature or comment on
 26-4 pending legislation that affects those persons.

26-5 (f) Section 114.008, Human Resources Code, is amended to
 26-6 read as follows:

26-7 Sec. 114.008. REPORT. (a) ~~[The agencies represented on~~
 26-8 ~~the council and the public members shall report to the council any~~
 26-9 ~~requirements identified by the agency or person to provide~~
 26-10 ~~additional or improved services to persons with autism or other~~
 26-11 ~~pervasive developmental disorders.]~~ Not later than November 1 of
 26-12 each even-numbered year, the council shall:

26-13 (1) prepare a report summarizing requirements the
 26-14 council identifies and recommendations for providing additional or
 26-15 improved services to persons with autism or other pervasive
 26-16 developmental disorders; and

26-17 (2) deliver the report to the executive commissioner
 26-18 ~~[of the Health and Human Services Commission],~~ the governor, the
 26-19 lieutenant governor, and the speaker of the house of
 26-20 representatives ~~[a report summarizing the recommendations].~~

26-21 (b) The council shall develop a strategy for establishing
 26-22 new programs to meet the requirements identified through the
 26-23 council's review and assessment and from input from ~~[the task~~
 26-24 ~~force,]~~ people with autism and related pervasive developmental
 26-25 disorders, their families, and related advocacy organizations.

26-26 (g) Section 114.013, Human Resources Code, is amended to
 26-27 read as follows:

26-28 Sec. 114.013. COORDINATION OF RESOURCES FOR INDIVIDUALS
 26-29 WITH AUTISM SPECTRUM DISORDERS ~~[RESOURCE CENTER]~~. (a) The
 26-30 commission ~~[Health and Human Services Commission]~~ shall ~~[establish~~
 26-31 ~~and administer an autism spectrum disorders resource center to]~~
 26-32 coordinate resources for individuals with autism and other
 26-33 pervasive developmental disorders and their families. In
 26-34 coordinating those resources ~~[establishing and administering the~~
 26-35 ~~center],~~ the commission ~~[Health and Human Services Commission]~~
 26-36 shall consult with ~~[the council and coordinate with]~~ appropriate
 26-37 state agencies~~[, including each agency represented on the council].~~

26-38 (b) As part of coordinating resources under Subsection (a),
 26-39 the commission ~~[The Health and Human Services Commission]~~ shall
 26-40 ~~[design the center to]:~~

26-41 (1) collect and distribute information and research
 26-42 regarding autism and other pervasive developmental disorders;

26-43 (2) conduct training and development activities for
 26-44 persons who may interact with an individual with autism or another
 26-45 pervasive developmental disorder in the course of their employment,
 26-46 including school, medical, or law enforcement personnel;

26-47 (3) coordinate with local entities that provide
 26-48 services to an individual with autism or another pervasive
 26-49 developmental disorder; and

26-50 (4) provide support for families affected by autism
 26-51 and other pervasive developmental disorders.

26-52 (h) Notwithstanding the changes in law made by this section,
 26-53 the Texas Council on Autism and Pervasive Developmental Disorders
 26-54 and any administrative entity of the Texas Council on Autism and
 26-55 Pervasive Developmental Disorders shall continue to operate under
 26-56 the law as it existed before the effective date of this article, and
 26-57 that law is continued in effect for that purpose, until the
 26-58 executive commissioner of the Health and Human Services Commission
 26-59 begins administering Chapter 114, Human Resources Code, as amended
 26-60 by this article, and the commission begins performing the duties
 26-61 and functions of the Texas Council on Autism and Pervasive
 26-62 Developmental Disorders as required by Section 114.0031, Human
 26-63 Resources Code, as added by this article, on the date specified in
 26-64 the transition plan required under Section 531.0204, Government
 26-65 Code, as added by this article.

26-66 (i) The executive commissioner of the Health and Human
 26-67 Services Commission shall begin administering Chapter 114, Human
 26-68 Resources Code, as amended by this article, and the commission
 26-69 shall begin performing the duties and functions of the Texas

27-1 Council on Autism and Pervasive Developmental Disorders as required
27-2 by Section 114.0031, Human Resources Code, as added by this
27-3 article, on the date specified in the transition plan required
27-4 under Section 531.0204, Government Code, as added by this article.

27-5 SECTION 1.23. (a) Effective September 1, 2016, the
27-6 following provisions of the Government Code, including provisions
27-7 amended by S.B. No. 219, Acts of the 84th Legislature, Regular
27-8 Session, 2015, are repealed:

- 27-9 (1) Section 531.0235; and
- 27-10 (2) Subchapter K, Chapter 531.

27-11 (b) Effective September 1, 2016, the following provisions
27-12 of the Health and Safety Code are repealed:

- 27-13 (1) Section 1001.021;
- 27-14 (2) Section 1001.022;
- 27-15 (3) Section 1001.023;
- 27-16 (4) Section 1001.024;
- 27-17 (5) Section 1001.025;
- 27-18 (6) Section 1001.026; and
- 27-19 (7) Section 1001.027.

27-20 (c) Effective September 1, 2016, the following provisions
27-21 of the Human Resources Code, including provisions amended by S.B.
27-22 No. 219, Acts of the 84th Legislature, Regular Session, 2015, are
27-23 repealed:

- 27-24 (1) Section 40.021;
- 27-25 (2) Section 40.022;
- 27-26 (3) Section 40.0226;
- 27-27 (4) Section 40.024;
- 27-28 (5) Section 40.025;
- 27-29 (6) Section 40.026;
- 27-30 (7) Section 117.002;
- 27-31 (8) Section 117.021;
- 27-32 (9) Section 117.022;
- 27-33 (10) Section 117.023;
- 27-34 (11) Section 117.024;
- 27-35 (12) Section 117.025;
- 27-36 (13) Section 117.026;
- 27-37 (14) Section 117.027;
- 27-38 (15) Section 117.028;
- 27-39 (16) Section 117.029;
- 27-40 (17) Section 117.030;
- 27-41 (18) Section 117.032;
- 27-42 (19) Section 117.051;
- 27-43 (20) Section 117.052;
- 27-44 (21) Section 117.053;
- 27-45 (22) Section 117.054;
- 27-46 (23) Section 117.055;
- 27-47 (24) Section 117.056;
- 27-48 (25) Section 117.072;
- 27-49 (26) Section 161.021;
- 27-50 (27) Section 161.022;
- 27-51 (28) Section 161.023;
- 27-52 (29) Section 161.024;
- 27-53 (30) Section 161.025;
- 27-54 (31) Section 161.026;
- 27-55 (32) Section 161.027;
- 27-56 (33) Section 161.028;
- 27-57 (34) Section 161.029; and
- 27-58 (35) Section 161.030.

27-59 (d) Effective September 1, 2017, Section 531.0055(i),
27-60 Government Code, is repealed.

27-61 (e) Effective September 1, 2017, the following provisions
27-62 of the Human Resources Code, including provisions amended by S.B.
27-63 No. 219, Acts of the 84th Legislature, Regular Session, 2015, are
27-64 repealed:

- 27-65 (1) Section 161.002;
- 27-66 (2) Section 161.032;
- 27-67 (3) Section 161.051;
- 27-68 (4) Section 161.052;
- 27-69 (5) Section 161.053;

- 28-1 (6) Section 161.054;
 28-2 (7) Section 161.055;
 28-3 (8) Section 161.056; and
 28-4 (9) Section 161.072.

28-5 (f) Notwithstanding Subsections (a), (b), (c), (d), and (e)
 28-6 of this section, the implementation of a provision repealed by one
 28-7 of those subsections ceases on the date the responsible state
 28-8 agency or entity listed in Section 531.0202, Government Code, as
 28-9 added by this article, is abolished as provided by Subchapter A-1,
 28-10 Chapter 531, Government Code, as added by this article.

28-11 ARTICLE 2. HEALTH AND HUMAN SERVICES SYSTEM OPERATIONS

28-12 SECTION 2.01. Section 531.001, Government Code, is amended
 28-13 by adding Subdivision (3-a) to read as follows:

28-14 (3-a) "Health and human services system" means the
 28-15 system for providing or otherwise administering health and human
 28-16 services in this state by the commission, including through an
 28-17 office or division of the commission or through another entity
 28-18 under the administrative and operational control of the executive
 28-19 commissioner.

28-20 SECTION 2.02. Subchapter A, Chapter 531, Government Code,
 28-21 is amended by adding Section 531.00552 to read as follows:

28-22 Sec. 531.00552. CONSOLIDATED INTERNAL AUDIT PROGRAM.

28-23 (a) Notwithstanding Section 2102.005, the commission shall
 28-24 operate the internal audit program required under Chapter 2102 for
 28-25 the commission and each health and human services agency as a
 28-26 consolidated internal audit program.

28-27 (b) For purposes of this section, a reference in Chapter
 28-28 2102 to the administrator of a state agency with respect to a health
 28-29 and human services agency means the executive commissioner.

28-30 SECTION 2.03. (a) Subchapter A, Chapter 531, Government
 28-31 Code, is amended by adding Section 531.0164 to read as follows:

28-32 Sec. 531.0164. HEALTH AND HUMAN SERVICES SYSTEM INTERNET
 28-33 WEBSITE COORDINATION. The commission shall establish a process to
 28-34 ensure Internet websites across the health and human services
 28-35 system are developed and maintained according to standard criteria
 28-36 for uniformity, efficiency, and technical capabilities. Under the
 28-37 process, the commission shall:

28-38 (1) develop and maintain an inventory of all health
 28-39 and human services system Internet websites;

28-40 (2) on an ongoing basis, evaluate the inventory
 28-41 maintained under Subdivision (1) to:

28-42 (A) determine whether any of the Internet
 28-43 websites should be consolidated to improve public access to those
 28-44 websites' content; and

28-45 (B) ensure the Internet websites comply with the
 28-46 standard criteria; and

28-47 (3) if appropriate, consolidate the websites
 28-48 identified under Subdivision (2)(A).

28-49 (b) As soon as possible after the effective date of this
 28-50 article, the Health and Human Services Commission shall implement
 28-51 Section 531.0164, Government Code, as added by this article.

28-52 (c) As soon as possible after a function is transferred in
 28-53 accordance with Section 531.0201, 531.02011, or 531.02012,
 28-54 Government Code, as added by this Act, the Health and Human Services
 28-55 Commission shall, in accordance with Section 531.0164, Government
 28-56 Code, as added by this article, ensure that an Internet website
 28-57 related to the transferred function is updated, transferred, or
 28-58 consolidated to reflect the consolidation mandated by Subchapter
 28-59 A-1, Chapter 531, Government Code, as added by this Act.

28-60 SECTION 2.04. (a) Subchapter A, Chapter 531, Government
 28-61 Code, is amended by adding Section 531.0171 to read as follows:

28-62 Sec. 531.0171. OFFICE OF OMBUDSMAN. (a) The executive
 28-63 commissioner shall establish the commission's office of the
 28-64 ombudsman with authority and responsibility over the health and
 28-65 human services system in performing the following functions:

28-66 (1) providing dispute resolution services for the
 28-67 health and human services system;

28-68 (2) performing consumer protection and advocacy
 28-69 functions related to health and human services, including assisting

29-1 a consumer or other interested person with:
 29-2 (A) raising a matter within the health and human
 29-3 services system that the person feels is being ignored; and
 29-4 (B) obtaining information regarding a filed
 29-5 complaint; and
 29-6 (3) collecting inquiry and complaint data related to
 29-7 the health and human services system.
 29-8 (b) The office of the ombudsman does not have the authority
 29-9 to provide a separate process for resolving complaints or appeals.
 29-10 (c) The executive commissioner shall develop a standard
 29-11 process for tracking and reporting received inquiries and
 29-12 complaints within the health and human services system. The
 29-13 process must provide for the centralized tracking of inquiries and
 29-14 complaints submitted to field, regional, or other local health and
 29-15 human services system offices.
 29-16 (d) Using the process developed under Subsection (c), the
 29-17 office of the ombudsman shall collect inquiry and complaint data
 29-18 from all offices, agencies, divisions, and other entities within
 29-19 the health and human services system. To assist with the collection
 29-20 of data under this subsection, the office may access any system or
 29-21 process for recording inquiries and complaints used or maintained
 29-22 within the health and human services system.
 29-23 (b) As soon as possible after the effective date of this
 29-24 article, the executive commissioner of the Health and Human
 29-25 Services Commission shall implement Section 531.0171, Government
 29-26 Code, as added by this article.
 29-27 (c) Notwithstanding any other provision of state law but
 29-28 except as provided by Subsection (d) of this section:
 29-29 (1) each office of an ombudsman established before the
 29-30 effective date of this section that performs ombudsman duties for a
 29-31 state agency or entity subject to abolition under Section 531.0202,
 29-32 Government Code, as added by this Act, is abolished on the date the
 29-33 state agency or entity for which the office performs ombudsman
 29-34 duties is abolished in accordance with the transition plan under
 29-35 Section 531.0204, Government Code, as added by this Act; and
 29-36 (2) each office of an ombudsman established before the
 29-37 effective date of this section that performs ombudsman duties for
 29-38 the Department of Family and Protective Services or the Department
 29-39 of State Health Services is abolished on the date specified in the
 29-40 transition plan under Section 531.0204, Government Code, as added
 29-41 by this Act.
 29-42 (d) The following offices of an ombudsman are not abolished
 29-43 under Subsection (c) of this section and continue in existence:
 29-44 (1) the office of independent ombudsman for state
 29-45 supported living centers established under Subchapter C, Chapter
 29-46 555, Health and Safety Code;
 29-47 (2) the office of the state long-term care ombudsman;
 29-48 and
 29-49 (3) any other ombudsman office serving all or part of
 29-50 the health and human services system that is required by federal
 29-51 law.
 29-52 (e) The executive commissioner of the Health and Human
 29-53 Services Commission shall certify which offices of ombudsman are
 29-54 abolished, and which are exempt from abolition, under Subsection
 29-55 (d) of this section and shall publish that certification in the
 29-56 Texas Register not later than September 1, 2016.
 29-57 SECTION 2.05. (a) Subchapter A, Chapter 531, Government
 29-58 Code, is amended by adding Section 531.0192 to read as follows:
 29-59 Sec. 531.0192. HEALTH AND HUMAN SERVICES SYSTEM HOTLINE AND
 29-60 CALL CENTER COORDINATION. (a) The commission shall establish a
 29-61 process to ensure all health and human services system hotlines and
 29-62 call centers are necessary and appropriate. Under the process, the
 29-63 commission shall:
 29-64 (1) develop criteria for use in assessing whether a
 29-65 hotline or call center serves an ongoing purpose;
 29-66 (2) develop and maintain an inventory of all system
 29-67 hotlines and call centers;
 29-68 (3) use the inventory and assessment criteria
 29-69 developed under this subsection to periodically consolidate

30-1 hotlines and call centers along appropriate functional lines;
 30-2 (4) develop an approval process designed to ensure
 30-3 that a newly established hotline or call center, including the
 30-4 telephone system and contract terms for the hotline or call center,
 30-5 meets policies and standards established by the commission; and
 30-6 (5) develop policies and standards for hotlines and
 30-7 call centers that include both quality and quantity performance
 30-8 measures and benchmarks and may include:
 30-9 (A) client satisfaction with call resolution;
 30-10 (B) accuracy of information provided;
 30-11 (C) the percentage of received calls that are
 30-12 answered;
 30-13 (D) the amount of time a caller spends on hold;
 30-14 and
 30-15 (E) call abandonment rates.

30-16 (a-1) In developing policies and standards under Subsection
 30-17 (a)(5), the commission may allow varied performance measures and
 30-18 benchmarks for a hotline or call center based on factors affecting
 30-19 the capacity of the hotline or call center, including factors such
 30-20 as staffing levels and funding.

30-21 (b) In consolidating hotlines and call centers under
 30-22 Subsection (a)(3), the commission shall seek to maximize the use
 30-23 and effectiveness of the commission's 2-1-1 telephone number.

30-24 (b) As soon as possible after the effective date of this
 30-25 article, the Health and Human Services Commission shall implement
 30-26 Section 531.0192, Government Code, as added by this article.

30-27 (c) Not later than March 1, 2016, the Health and Human
 30-28 Services Commission shall complete an initial assessment and
 30-29 consolidation of hotlines and call centers, as required by Section
 30-30 531.0192, Government Code, as added by this article.

30-31 (d) As soon as possible after a function is transferred in
 30-32 accordance with Section 531.0201 or 531.02011, Government Code, as
 30-33 added by this Act, the Health and Human Services Commission shall,
 30-34 in accordance with Section 531.0192, Government Code, as added by
 30-35 this article, ensure a hotline or call center related to the
 30-36 transferred function is transferred or consolidated to reflect the
 30-37 consolidation mandated by Subchapter A-1, Chapter 531, Government
 30-38 Code, as added by this Act.

30-39 SECTION 2.06. Subchapter B, Chapter 531, Government Code,
 30-40 is amended by adding Section 531.02731 to read as follows:

30-41 Sec. 531.02731. REPORT OF INFORMATION RESOURCES MANAGER TO
 30-42 COMMISSION. Notwithstanding Section 2054.075(b), the information
 30-43 resources manager of a health and human services agency shall
 30-44 report directly to the executive commissioner or a deputy executive
 30-45 commissioner designated by the executive commissioner.

30-46 ARTICLE 3. FEDERAL AUTHORIZATION AND EFFECTIVE DATE

30-47 SECTION 3.01. If before implementing any provision of this
 30-48 Act a state agency determines that a waiver or authorization from a
 30-49 federal agency is necessary for implementation of that provision,
 30-50 the agency affected by the provision shall request the waiver or
 30-51 authorization and may delay implementing that provision until the
 30-52 waiver or authorization is granted.

30-53 SECTION 3.02. Except as otherwise provided by this Act,
 30-54 this Act takes effect September 1, 2015.

30-55 * * * * *